

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13982

Entity Name: MR. VITO'S HAIR ODYSSEY, INC.

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

9110 WILES ROAD
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

9110 WILES ROAD
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 59-2060029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCATO, CARYL
9110 WILES RD
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLANCATO, CARYL
Address: 9049 TREMEZZO LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: MURRAY, JOANNE B
Address: 3733 NW 63 CT
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: BLANCATO, VITO L
Address: 11743 SW MOUNTAIN ASH CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE MURRAY

VP

02/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date