

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F64602

**FILED**  
**Mar 13, 2011**  
**Secretary of State**

**Entity Name:** ABOVE PAR HAIR AND NAILS, INC.

**Current Principal Place of Business:**

2725 FOREST RD  
SPRING HILL, FL 34606 US

**New Principal Place of Business:**

**Current Mailing Address:**

1377 KASS CIR  
SPRINGHILL, FL 34606 US

**New Mailing Address:**

**FEI Number:** 59-3575037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADJAN, IRENE  
10052 TWELVE OAKS CT  
WEEKI WACHEE, FL 34613 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

**OFFICERS AND DIRECTORS:**

Title: VTD  
Name: ADJAN, IRENE E  
Address: 10052 TWELVE OAKS COURT  
City-St-Zip: WEEKI WACHEE, FL 34613

I hereby 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 all other like empowered.

SIGNATURE: IRENE ADJAN

D

03/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date