

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J72687

FILED
Aug 14, 2008
Secretary of State

Entity Name: TOPS HAIR SALON, INC.

Current Principal Place of Business:

TOPS HAIR SALON
995 EYSTER BLVD.
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

% MIN WERMUTH
157 BIMINI ROAD
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-2809760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WERMUTH, MIN
157 BIMINI ROAD
COCOA BEACH, FL 32931 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WERMUTH, MIN,
Address: 157 BIMINI RD.
City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete
Name: CHOSS, MYUNG,
Address: 5947 NEWBURY CIRCLE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MIN WERMUTH

PRES

08/14/2008

Electronic Signature of Signing Officer or Director

Date