

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67530

FILED
Mar 23, 2009
Secretary of State

Entity Name: HAIR CLIPS AND FINGERTIPS, INC.

Current Principal Place of Business:

C/O RONDA FREIDIN
10028 PINES BLVD.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

C/O RONDA FREIDIN
10028 PINES BLVD.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 59-2934467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREIDIN, RONDA L MRS
10028 PINES BLVD.
PEMBROKE PINES, FL 33024 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: D () Delete
Name: GANDIA, ROBERTA,
Address: 11272 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL

Title: PD () Delete
Name: FREIDIN, RONDA L MRS
Address: 5805 SW 117TH AVE
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GANDIA, ROBERTA,
Address: 11272 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33025

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: RONDA L. FREIDIN

PD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date