2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L17189

Entity Name: SHAMPOO, INC.

CORAL SPRINGS, FL

City-St-Zip:

FILED Jan 07, 2009 Secretary of State

Lineity Na	ine. Orizivii (50, 1140.			
Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
	PLE RD SUIT T CREEK, FL		8870 NW 49TH DRIVE CORAL SPRINGS, FL	8870 NW 49TH DRIVE CORAL SPRINGS, FL 33067	
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
	PLE RD SUIT T CREEK, FL		8870 NW 49TH DRIVE CORAL SPRINGS, FL	33067	
FEI Number	: 65-0142481	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
The above	49 DR PRINGS, FL 3		e purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	mpaign Financir	nic Signature of Registered / ng Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (CHIULLI, VICT 8870 NW 49TH CORAL SPRIN	H DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D (CHIULLI, THER 8870 NW 49TH		Title: (Name: Address:) Change ()Addition	

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: VICTOR CHIULLI D 01/07/2009