

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90079 020 ***150.00

DOCUMENT # L21743

1. Entity Name

HAIR REPLACEMENT SYSTEMS OF PALM BEACH INC.



Principal Place of Business

8895 N. MILITARY TRAIL
SUITE 102-B
PALM BEACH GARDENS FL 33410

Mailing Address

8895 N. MILITARY TRAIL
SUITE 102-B
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

-- CR2E034 (10/05)

4. FEI Number

22-3023931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAZZA, MARIO
~~452 ORIOLE CIRCLE~~ 336 OCTOBER ST.
~~JUPITER FL 33458~~ PALM BEACH GARDENS, FL
33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete

NAME MAZZA, MARIO
STREET ADDRESS ~~452 ORIOLE CIRCLE~~ 336 OCTOBER ST.
CITY-ST-ZIP ~~JUPITER FL 33458~~ PALM BEACH GARDENS, FL
33410

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO MAZZA

2/4/06

Date

561-624-7772

Daytime Phone #