

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L21743

**FILED**  
**Jun 06, 2011**  
**Secretary of State**

**Entity Name:** HAIR REPLACEMENT SYSTEMS OF PALM BEACH INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 22-3023931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAZZA, PEGGY  
336 OCTOBER ST  
PALM BEACH GARDENS, FL 33410 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: PS  
Name: MAZZA, PEGGY  
Address: 336 OCTOBER ST  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T  
Name: MAZZA, MARIO  
Address: 336 OCTOBER ST.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: PEGGY MAZZA

PRES

06/06/2011

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

\_\_\_\_\_  
Date