

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L70536

**FILED**  
**Jul 08, 2011**  
**Secretary of State**

**Entity Name:** HAIRWAYS OF PALM BEACH, INC.

**Current Principal Place of Business:**

501 VILLAGE BLVD  
1195 NORTH MILITARY TR  
WPB, FL 33409 US

**New Principal Place of Business:**

507 NORTH OLIVE AVE  
WPB, FL 33401 US

**Current Mailing Address:**

17160 GULF PINE CIRCLE  
WEST PALM BEACH, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-0192905      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PONTILLO, PAUL  
17160 GULF PINE CIRCLE  
WEST PALM BEACH, FL 33414 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: D  
Name: PONTILLO, PAUL  
Address: 17160 GULF PINE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33414

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: PAUL PONTILLO

PRES

07/08/2011

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

\_\_\_\_\_ Date