

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L82490

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** NEW IMAGE HAIR & NAILS, INC.

**Current Principal Place of Business:**

7142 NOB HILL RD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

7142 NOB HILL RD  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** 65-0215901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, SHELDON  
7610 WESTWOOD DR  
TAMARAC, FL 33321 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: COHEN, SHELDON  
Address: 7610 WESTWOOD 106  
City-St-Zip: TAMARAC, FL

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: SHELDON COHEN

PRES

03/15/2012

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

\_\_\_\_\_  
Date