2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N03000009924

Entity Name: HAIR STYLISTS FOR HUMANITY, INCORPORATED

Current Principal Place of Business:

2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009

New Principal Place of Business:

Current Mailing Address:

2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009

New Mailing Address:

FEI Number: 57-1195845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETTO, MAURIZIO
2720 S. OAKLAND FOREST DRIVE
704
OAKLAND PARK, FL 33009 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: PD ( ) Delete
Name: BETTO, MAURIZIO
Address: 2720 S OAKLAND FOREST DR 704
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete
Name: GONZALEZ, JILLIAN
Address: 2720 S. OAKLAND FOREST DR #704
City-St-Zip: OAKLAND PARK, FL 33309

Title: D ( ) Delete
Name: LUDWICZAK, THOMAS
Address: 2720 S. OAKLAND FOREST DR # 704
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURIZIO BETTO PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date