

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009924

FILED  
Apr 13, 2010  
Secretary of State

**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  
Name: BETTO, MAURIZIO  
Address: 2720 S OAKLAND FOREST DR 704  
City-St-Zip: FORT LAUDERDALE, FL 33309

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAURIZIO BETTO

PD

04/13/2010

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

\_\_\_\_\_  
Date