## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000069019

Entity Name: FORMA HAIR SOLUTIONS, INC.

FILED Apr 03, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

555 NE 15TH STREET, UNIT 502 MIAMI, FL 33132

**Current Mailing Address: New Mailing Address:** 

555 NE 15TH STREET, UNIT 502 MIAMI, FL 33132

FEI Number: 65-1128945 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEREZ, CESAR RUIZ, JULIO C 555 NE 15TH STREET, UNIT 502

555 NE 15TH STREET, UNIT 502 MIAMI, FL 33132 MIAMI, FL 33132 US

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: JULIO C. RUIZ 04/03/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title: DPTS ( ) Delete Title: DPTS

Name: PEREZ, CESAR Name: RUIZ, JULIO C

555 NE 15TH STREET, UNIT 502 Address: 555 NE 15TH STREET, UNIT 502 Address:

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

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

SIGNATURE: JULIO C. RUIZ PD 04/03/2009

Electronic Signature of Signing Officer or Director

Date