

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071745

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** FEKE DESIGNER WIGS & HAIR EXTENSIONS, INC.

**Current Principal Place of Business:**

6000 GLADES RD  
K-22  
BOCA RATON, FL 33431

**New Principal Place of Business:**

2900 WEST SAMPLE ROAD  
5207  
POMPANO BEACH, FL 33073 US

**Current Mailing Address:**

12685 W. SUNRISE BLVD.  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 65-1123323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FEKE, BECKY J OWNER  
12685 W. SUNRISE  
SUNRISE, FL 33323 US

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

FEKE, BECKY J OWNER  
12685 W. SUNRISE  
12685 W. SUNRISE BLVD.  
SUNRISE, FL 33323 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: BECKY FEKE

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FEKE, BECKY  
Address: 12685 WEST SUNRISE BLVD  
City-St-Zip: SUNRISE, FL 33323

Title: VPD  
Name: FEKE, VERA  
Address: 12685 WEST SUNRISE BLVD  
City-St-Zip: SUNRISE, FL 33323

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: BECKY FEKE

PRES

04/20/2012

Electronic Signature of Signing Officer or Director

Date