

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106004

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** LASER HAIR SOLUTIONS & MORE I, INC.

**Current Principal Place of Business:**

4800 NE 20TH TERRACE  
SUITE 101  
FT.LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

279 SE 1ST TERR  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 65-1049155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREABER, LINDA  
279 SE 1ST TERRACE  
POMPANO BEACH, FL 33060 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GREABER, LINDA  
Address: 279 S.E. 1ST TERRACE  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

**SIGNATURE:** LINDA GREABER

D

01/09/2008

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

\_\_\_\_\_  
Date