

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000045452

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** LISA KAREN HAIR DESIGN, INC.

**Current Principal Place of Business:**

513 US HWY ONE SUITE 114  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

513 US HWY ONE SUITE 114  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 02-0591009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENDER, LISA K  
513 US HWY ONE SUITE 114  
NORTH PALM BEACH, FL 33408 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: D  
Name: PENDER, LISA K  
Address: 513 US HWY ONE SUITE 114  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: LISA K. PENDER

OWNE

04/04/2012

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

\_\_\_\_\_  
Date