

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061868

FILED
Mar 17, 2009
Secretary of State

Entity Name: MANHATTAN HAIR DESIGN, INC.

Current Principal Place of Business:

121 108TH AV.
SAINT PETERSBURG, FL 33706

New Principal Place of Business:

200 104TH AVE
TREASURE ISLAND, FL 33706

Current Mailing Address:

4453 2ND AVE N
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 16-1669409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, BARBARA
4453 2ND AVENUE NORTH
ST. PETERSBURG, FL 33713 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: V () Delete
Name: COLLINS, JOEL
Address: 4453 2ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLLINS, BARBARA
Address: 4453 2ND AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

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: BARBARA COLLINS

P

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date