

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000097215

Entity Name: LEVELZ HAIR DESIGNS, INC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8112 WILES ROAD  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

8112 WILES ROAD  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 20-0206086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANTORELLI, LITZ  
8112 WILES RD  
POMPANO BEACH, FL 33067 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: P  
Name: SANTORELLI, THIERRY  
Address: 8112 WILES ROAD  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: V  
Name: SANTORELLI, LITZ  
Address: 8112 WILES ROAD  
City-St-Zip: CORAL SPRINGS, FL 33067

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: THIERRY SANTORELLI

P

01/06/2011

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

\_\_\_\_\_  
Date