

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041565

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: ADRIAN'S HAIRLOSS CENTER, INC.

**Current Principal Place of Business:**

1920 E. OAKLAND PARK BLVD  
FT. LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 939  
WAITSFIELD, VT 05673

**New Mailing Address:**

FEI Number: 74-3113487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENJAMIN, NANCY-JOYCE  
9280 NW 21ST MANOR  
SUNRISE, FL 33322 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: P ( ) Delete  
Name: BENJAMIN JR., LEO  
Address: 9280 NW 21ST MANOR  
City-St-Zip: SUNRISE, FL 33322

Title: VP ( ) Delete  
Name: BENJAMIN, SR, LEO  
Address: 301 GLENVIEW ROAD  
City-St-Zip: FAYSTON, VT 05673

Title: S ( ) Delete  
Name: BENJAMIN, ARLENE  
Address: 9280 NW 21ST MANOR  
City-St-Zip: SUNRISE, FL 33322

Title: T ( ) Delete  
Name: BENJAMIN, NANCY-JOYCE  
Address: 9280 NW 21ST MANOR  
City-St-Zip: SURISE, FL 33322

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARLENE BEJAMIN

S

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date