


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90032 040 ***158.75

DOCUMENT # P04000041565

1. Entity Name
ADRIAN'S HAIRLOSS CENTER, INC.



Principal Place of Business
**1920 E. OAKLAND PARK BLVD
 FT. LAUDERDALE FL 33306**

Mailing Address
**P.O. BOX 939
 WAITSFIELD VT 05673**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
1920 E. Oakland Park Blvd.
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
FT. LAUDERDALE, FL

4. FEI Number **74-3113487**

Applied For
 Not Applicable

Zip **33306** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BENJAMIN, NANCY-JOYCE
 9280 NW 21ST MANOR
 SUNRISE FL 33322**

7. Name and Address of New Registered Agent

Name **LEO BENJAMIN JR.**

Street Address (P.O. Box Number is Not Acceptable)
9280 NW 21ST MANOR

City **SUNRISE** FL Zip Code **33322**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BENJAMIN JR., LEO	
STREET ADDRESS	9280 NW 21ST MANOR	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENJAMIN, SR, LEO	
STREET ADDRESS	301 GLENVIEW ROAD	
CITY-ST-ZIP	FAYSTON VT 05673	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENJAMIN, ARLENE	
STREET ADDRESS	9280 NW 21ST MANOR	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENJAMIN, NANCY-JOYCE	
STREET ADDRESS	9280 NW 21ST MANOR	
CITY-ST-ZIP	SURISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4/1/08** DAYTIME PHONE #: **954-396-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR