

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041565

FILED
Apr 28, 2009
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:

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

New Mailing Address:

FEI Number: 74-3113487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENJAMIN, LEO JR
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: LEO BENJAMIN

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date