

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041565

FILED
Mar 24, 2011
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
FT. 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

OFFICERS AND DIRECTORS:

Title: P
Name: BENJAMIN JR., LEO
Address: 9280 NW 21ST MANOR
City-St-Zip: SUNRISE, FL 33322

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

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

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

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: LEO BENJAMIN JR

P

03/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date