

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094870

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** SQUARE ONE HAIR DESIGN & DAY SPA, INC.

**Current Principal Place of Business:**

1400 GULF SHORE BLVD. N.  
#136  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

809 WALKERBILT ROAD  
#5  
NAPLES, FL 34110

**New Mailing Address:**

3365 WOODS EDGE CIRCLE  
SUITE 104  
BONITA SPRINGS, FL 34134

**FEI Number:** 20-1291068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX, ACCOUNTING & FINANCIAL ASSOC.  
809 WALKERBILT RD  
#5  
NAPLES, FL 34110 US

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

TAX & FINANCIAL STRATEGISTS, LLC  
3365 WOODS EDGE CIRCLE  
#104  
BONITA SPRINGS, FL 34134 US

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:** THOMAS WANDERON

01/12/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPTS ( ) Delete  
**Name:** CAFFEY, DELIA M  
**Address:** 330 EMERALD BAY CIRCLE, #Y4  
**City-St-Zip:** NAPLES, FL 34110

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

**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:** DELIA M. CAFFEY

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date