

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000094870

**FILED**  
**Jan 15, 2010**  
**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:**

3365 WOODS EDGE CIRCLE  
SUITE 104  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 20-1291068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX & FINANCIAL STRATEGISTS, LLC  
3365 WOODS EDGE CIRCLE  
#104  
BONITA SPRINGS, FL 34134 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: DPTS  
Name: CAFFEY, DELIA M  
Address: 330 EMERALD BAY CIRCLE, #Y4  
City-St-Zip: NAPLES, FL 34110

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: DELIA M. CAFFEY

DPST

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date