

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107087

Entity Name: LASEPRO HAIR REMOVAL, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1900 N. MILLS AVE.
SUITE 103
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1900 N. MILLS AVE.
SUITE 103
ORLANDO, FL 320803

New Mailing Address:

FEI Number: 20-1434560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKEY, TYLER
1900 N. MILLS AVE.
SUITE103
ORLANDO, FL 32803 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: DP () Delete
Name: OKEY, TYLER
Address: 3929 RIVERWOOD DR.
City-St-Zip: PROVO, UT 84604

Title: DST () Delete
Name: OKEY, JAMIE
Address: 3929 RIVERWOOD DR.
City-St-Zip: PROVO, UT 84604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: OKEY, TYLER
Address: 1418 LADY AMY DR.
City-St-Zip: CASSELBERRY, FL 32707

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: TYLER OKEY

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date