

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121511

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** RAPUNZEL HAIR STUDIOS INC.

**Current Principal Place of Business:**

4225 PINE ISLAND ROAD  
SUNRISE, FL 33351

**New Principal Place of Business:**

11411 N.W. 40TH PLACE  
SUNRISE, FL 33323

**Current Mailing Address:**

4225 PINE ISLAND ROAD  
SUNRISE, FL 33351

**New Mailing Address:**

11411 N.W. 40TH PLACE  
SUNRISE, FL 33323

**FEI Number:** 20-1436967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAPMAN, DENISE  
1061 NW 45TH ST.  
POMPANO BEACH, FL 33064 US

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

CHAPMAN, DENISE  
11411 N.W. 40TH PLACE  
SUNRISE, FL 33323 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: DENISE CHAPMAN

04/15/2009

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHAPMAN, DENISE  
Address: 1061 NW 45TH ST.  
City-St-Zip: POMPAN0 BEACH, FL 33064

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

Title: D (X) Change ( ) Addition  
Name: CHAPMAN, DENISE  
Address: 11411 N.W. 40TH PLACE  
City-St-Zip: SUNRISE, FL 33323

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: DENISE CHAPMAN

OWNE

04/15/2009

Electronic Signature of Signing Officer or Director

Date