

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000123350

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** TRIPLE'S J HAIR &DAY SPA INC.

**Current Principal Place of Business:**

865 SEMORAN BLVD  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

1548 SEMINOLA BLVD ST.101  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

1500 MOCKINGBIRD LN  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 43-2069668      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LEWIS, BRIDGETTE L  
1500 MOCKINGBIRD LN  
LONGWOOD, FL 32750 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: LEWIS, BRIDGETTE L  
Address: 1500 MOCKINGBIRD LN.  
City-St-Zip: LONGWOOD, FL 32750 US

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: BRIDGETTE LEWIS

CO

04/04/2011

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

\_\_\_\_\_  
Date