

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000142824

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ELITE HAIR DESIGNS GALLERIA INC.

**Current Principal Place of Business:**

GALLERIA MALL  
2414 E. SUNRISE BLVD.  
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

ELITE DESIGNER WIGS AND HAIR EXTENSIONS  
12685 W. SUNRISE BLVD.  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 20-1764227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEKE, BECKY J OWNER  
12685 WEST SUNRISE  
SUNRISE, FL 33323 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: PD  
Name: FEKE, VERNA  
Address: 12685 WEST SUNRISE  
City-St-Zip: SUNRISE, FL 33323

Title: VP  
Name: FEKE, BECKY  
Address: 12685 WEST SUNRISE  
City-St-Zip: SUNRISE, FL 33323

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: BECKY FEKE

VP

04/19/2012

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

\_\_\_\_\_  
Date