

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152952

Entity Name: ASYLUM HAIR STUDIO INC

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

2704 NORTH HIAWASSEE ROAD  
ORLANDO, FL 32818

## New Principal Place of Business:

2704 NORTH HIAWASSEE ROAD  
ORLANDO, FL 32818 US

## Current Mailing Address:

2704 NORTH HIAWASSEE ROAD  
ORLANDO, FL 32818

## New Mailing Address:

2704 NORTH HIAWASSEE ROAD  
ORLANDO, FL 32818 US

FEI Number: 20-3809210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, JASON  
2704 HIAWASSEE ROAD  
ORLANDO, FL 32818 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: D ( ) Delete  
Name: RAMIREZ, JASON  
Address: 702 SEA GULL AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RAMIREZ, JASON S  
Address: 2615 SPICEBUSH LOOP  
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON RAMIREZ

D

01/08/2007

Electronic Signature of Signing Officer or Director

Date