

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158733

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** CITRUS TOWER HAIR SALON CORP.

**Current Principal Place of Business:**

355 CITRUS TOWER BLVD.  
SUITE 108  
CLERMOT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

355 CITRUS TOWER BLVD  
SUITE 108  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 20-3877517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNOZ, FABIOLA  
3340 WHITE BLOSSOM LANE  
CLERMONT, FL 34711 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: MUNOZ, FABIOLA  
Address: 3340 WHITE BLOSSOM LANE  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: GALLARDO, ERNESTO  
Address: 31 OVERHILL ROAD  
City-St-Zip: SCARSDALE, NY 10583

Title: S  
Name: GALLARDO, ERNESTO  
Address: 31 OVERHILL ROAD  
City-St-Zip: SCARSDALE, NY 10583

Title: T  
Name: MUNOZ, FABIOLA  
Address: 3340 WHITE BLOSSOM LANE  
City-St-Zip: CLERMONT, FL 34711

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: FABIOLA MUNOZ

P

01/05/2012

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

\_\_\_\_\_  
Date