

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000161679

**Entity Name:** CAPELLI DESIGNS SALON, INC.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4050 U.S. HIGHWAY ONE  
SUITE 310  
JUPITER, FL 334771123 US

**New Principal Place of Business:**

**Current Mailing Address:**

4050 U.S. HIGHWAY ONE  
SUITE 310  
JUPITER, FL 334771123 US

**New Mailing Address:**

**FEI Number:** 20-3915518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELDREDGE, MICHELLE A  
2450 TREASURE ISLE DRIVE  
PALM BEACH GARDENS, FL 334101349 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: PRES  
Name: ELDREDGE, MICHELLE A  
Address: 2450 TREASURE ISLE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 334101349 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: MICHELLE ELDREDGE

PRES

04/24/2012

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

\_\_\_\_\_  
Date