

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009786

Entity Name: CLASSICAL HAIR CARE INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

70 W LUCERNE CIRCLE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

1109 MONROE AVE  
ST CLOUD, FL 34769

**New Mailing Address:**

FEI Number: 20-4190419      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUCCI, ANGEL B  
1109 MONROE AVE  
ST CLOUD, FL 34769      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: PD      ( ) Delete  
Name: BUCCI, ANGEL B  
Address: 70 W LUCERNE CIRCLE  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANGEL B BUCCI

RD

04/28/2009

Electronic Signature of Signing Officer or Director

Date