

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90037 040 \*\*\*150.00

<b>DOCUMENT # P06000150070</b> 1. Entity Name <b>COLORIST HAIR STUDIO &amp; SPA, INC</b>			
Principal Place of Business <b>190 MULBERRY GROVE RD ROYAL PALM BEACH FL 33411</b>		Mailing Address <b>190 MULBERRY GROVE RD ROYAL PALM BEACH FL 33411</b>	
2. Principal Place of Business - No P.O. Box # <b>330 Clematis ST</b> Suite, Apt. #, etc. <b>103</b>	3. Mailing Address <b>330 Clematis St.</b> Suite, Apt. #, etc. <b>Suite 103</b>		
City & State <b>West Palm Beach FL</b>	City & State <b>West Palm Beach</b>		
Zip <b>33401</b>	Country <b>U.S.A.</b>	Zip <b>33401</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent  <b>PATTEN, LOUIS F 5321 LAKE WORTH RD LAKE WORTH FL 33463</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S <b>GUTIERREZ, JESSICA R</b> <b>190 MULBERRY GROVE RD</b> <b>ROYAL PALM BEACH FL 33411</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T <b>GUTIERREZ, WILSON</b> <b>190 MULBERRY GROVE RD</b> <b>ROYAL PALM BEACH, FL 33411</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4-8-08</b>	Daytime Phone # <b>361-651-4014</b>