

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082186

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** ESTAH LOCS AND HAIR CARE SERVICES, INCORPORATED

**Current Principal Place of Business:**

5029 MILL STREAM RD  
OCOE, FL 34761

**New Principal Place of Business:**

1425 N PINE HILLS RD  
ORLANDO, FL 32808

**Current Mailing Address:**

5029 MILL STREAM RD  
OCOE, FL 34761

**New Mailing Address:**

1425 N PINE HILLS RD  
ORLANDO, FL 32808

**FEI Number:** 26-0588843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AAGAP CONSULTANTS INC  
2400 DR ML KING ST S  
STE C  
ST PETERSBURG, FL 33705 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: P ( ) Delete  
Name: WATSON-WOODRUFF, LA TONYA P  
Address: 5029 MILL STREAM ROAD  
City-St-Zip: OCOE, FL 34761

Title: V ( ) Delete  
Name: WOODRUFF, HOZRA A  
Address: 5029 MILL STREAM ROAD  
City-St-Zip: OCOE, FL 34761

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

Title: P (X) Change ( ) Addition  
Name: WATSON-WOODRUFF, LA TONYA P  
Address: 1425 N PINE HILLS RD  
City-St-Zip: ORLANDO, FL 32808

Title: V (X) Change ( ) Addition  
Name: WOODRUFF, HOZRA A  
Address: 1425 N PINE HILLS RD  
City-St-Zip: ORLANDO, FL 32808

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:** LATONYA WATSON WOODRUFF

P

04/30/2009

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

\_\_\_\_\_  
Date