

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095198

Entity Name: KAVY'S HAIR CORP.

FILED  
Apr 25, 2009  
Secretary of State

## Current Principal Place of Business:

11425 NW 88 CT  
HIALEAH GARDENS, FL 33018

## New Principal Place of Business:

5929 SW 8 ST  
MIAMI, FL 33144

## Current Mailing Address:

11425 NW 88 CT  
HIALEAH GARDENS, FL 33018

## New Mailing Address:

FEI Number: 26-0792397      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGUIAR, CARLOS  
11425 NW 88 CT  
HIALEAH GARDENS, FL 33018      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: DP ( ) Delete  
Name: AGUIAR, CARLOS  
Address: 11425 NW 88 CT  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: DS ( ) Delete  
Name: AGUIAR, YUVYSLEDI  
Address: 11425 NW 88 CT  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: DVT ( ) Delete  
Name: ABREU, JAVIER  
Address: 11425 NW 88 CT  
City-St-Zip: HIALEAH GARDENS, FL 33018

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAVIER ABREU

DVP

04/25/2009

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

\_\_\_\_\_  
Date