2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P08000015562

Entity Name: HAIR PROS DAY SPA, INC.

Current Principal Place of Business:

10988 SW 184 ST
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10988 SW 184 ST
MIAMI, FL 33157

New Mailing Address:

FEI Number: 77-0713231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DACOSTA, SHIRLEY
9660 SW 155 AVE
MIAMI, FL 33196 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: DACOSTA, SHIRLEY
Address: 9660 SW 155TH AVE
City-St-Zip: MIAMI, FL 33196

Title: VD ( ) Delete
Name: CLARKE, MAUREEN
Address: 11316 SW 166 TERR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MAUREEN CLARKE VP 04/28/2009

Electronic Signature of Signing Officer or Director Date