

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000022468

FILED
Feb 27, 2009
Secretary of State

Entity Name: VIVID HAIR DESIGN STUDIO CORP.

Current Principal Place of Business:

1625 NW ST. LUCIE WEST BLVD.
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

1623 NW ST. LUCIE WEST BLVD.
PORT ST. LUCIE, FL 34986 US

Current Mailing Address:

1625 NW ST. LUCIE WEST BLVD.
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

1623 NW ST. LUCIE WEST BLVD.
PORT ST. LUCIE, FL 34986 US

FEI Number: 26-2020843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, LORENZA M
1625 NW ST. LUCIE WEST BLVD.
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

THOMAS, LORENZA M
1623 NW ST. LUCIE WEST BLVD.
PORT ST. LUCIE, FL 34986 US

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:

02/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, LORENZA M
Address: 2270 SE BRECKENRIDGE CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP () Delete
Name: MELBER, MARY W
Address: 1033 SW ABINGDON AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMAS, LORENZA M
Address: 2311 SW LAWFORD STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: LORENZA THOMAS

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date