

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029014

FILED
Apr 23, 2009
Secretary of State

Entity Name: MODO MASANTI HAIR STUDIO, INC.

Current Principal Place of Business:

1603 MEXICO AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

620 BOSTON STREET
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

1603 MEXICO AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

620 BOSTON STREET
TARPON SPRINGS, FL 34689 US

FEI Number: 26-2239817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THEODOSIS, BETHANY R
1603 MEXICO AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

THEODOSIS, BETHANY R
620 BOSTON STREET
TARPON SPRINGS, FL 34689 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: BETHANY R THEODOSIS

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: THEODOSIS, BETHANY R
Address: 1603 MEXICO AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TS () Delete
Name: THEODOSIS, BETHANY R
Address: 1603 MEXICO AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change () Addition
Name: THEODOSIS, BETHANY R
Address: 620 BOSTON STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TS (X) Change () Addition
Name: THEODOSIS, BETHANY R
Address: 620 BOSTON STREET
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: BETHANY R THEODOSIS

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04/23/2009

Electronic Signature of Signing Officer or Director

Date