

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038825

Entity Name: HAIRCUT, COLOR, & SPA, INC.

FILED
May 13, 2009
Secretary of State

Current Principal Place of Business:

1013 BRISTOL LAKES RD.
205
MOUNT DORA, FL 32757

New Principal Place of Business:

18826 HIGHWAY 441
MOUNT DORA, FL 32757

Current Mailing Address:

1013 BRISTOL LAKES RD.
205
MOUNT DORA, FL 32757

New Mailing Address:

2801 NORTHLAND RD.
MOUNT DORA, FL 32757

FEI Number: 26-2429441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALMONTE, LIDIA
1013 BRISTOL LAKES RD.
205
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

ALMONTE, LIDIA
2801 NORTHLAND RD.
MOUNT DORA, FL 32757 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: LIDIA ALMONTE

05/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALMONTE, LIDIA
Address: 1013 BRISTOL LAKES RD. APT. 205
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALMONTE, LIDIA
Address: 2801 NORTHLAND RD
City-St-Zip: MOUNT DORA, FL 32757

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: LIDIA ALMONTE

MS.

05/13/2009

Electronic Signature of Signing Officer or Director

Date