

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041554

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** HAIRVOLUTION BARBER SHOP INC.

**Current Principal Place of Business:**

106 N. ORANGE BLOSSON TRAIL  
ORLANDO, FL 32805

**New Principal Place of Business:**

106 N. ORANGE BLOSSON TRAIL  
ORLANDO, FL 106 N. OR

**Current Mailing Address:**

P.O. BOX 681628  
ORLANDO, FL 32868

**New Mailing Address:**

**FEI Number:** 26-2477949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KABA CONSULTING INC.  
1635 E HWY 50  
SUITE 103  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

LOPEZ, JONATHAN  
106 N. ORANGE BLOSSON TRAIL  
ORLANDO, FL 106 N. OR 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: JONATHAN LOPEZ

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOPEZ, JONATHAN  
Address: 1224 WEST POINTE VILLAGES APT. # 103  
City-St-Zip: WINTER GARDEN, FL 34787

I hereby 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 all other like empowered.

SIGNATURE: JONATHAN LOPEZ

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date