

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000054397

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** COSMETOLOGY INSTITUTE OF FLORIDA, INC

**Current Principal Place of Business:**

70 S. DIXIE HIGHWAY  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

70 S. DIXIE HIGHWAY  
BOCA RATON, FL 33432

**New Mailing Address:**

70 S DIXIE HIGHWAY  
BOCA RATON, FL 33432

**FEI Number:** 26-2736281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARCESEPE, ELAINA T  
70 SOUTH DIXIE HIGHWAY  
BOCA RATON, FL 33432 US

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

RAMIREZ, MCKENZIE  
70 SOUTH DIXIE HIGHWAY  
BOCA RATON, FL 33432 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: MCKENZIE RAMIREZ

01/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCVAY, DOUGLAS  
Address: 70 SOUTH DIXIE HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432

Title: VP  
Name: MCVAY, MEGAN  
Address: 70 SOUTH DIXIE HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP  
Name: RAMIREZ, MCKENZIE  
Address: 70 SOUTH DIXIE HWY  
City-St-Zip: BOCA RATON, FL 33432 US

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: DOUGLAS MCVAY

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date