

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095188

FILED
Apr 13, 2009
Secretary of State

Entity Name: HAIR REFLECTIONS STUDIO INC.

Current Principal Place of Business:

748 NW 183RD ST.
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

748 NW 183RD ST.
MIAMI, FL 33169

New Mailing Address:

FEI Number: 80-0289421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLINTON, TRISKA B.
17825 NW 8 PLACE.
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

GLINTON, TRISKA
17825 NW 8 PLACE.
MIAMI GARDENS, FL 33169 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: TRISKA GLINTON

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P. () Delete
Name: GLINTON, TRISKA B.
Address: 17825 NW 8 PLACE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VP () Delete
Name: GLINTON, PAUL F.
Address: 17825 NW 8 PLACE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: SECR (X) Delete
Name: GLINTON, MAUREEN E
Address: 17825 NW 8 PLACE
City-St-Zip: MAIMI GARDENS, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GLINTON, PAUL F
Address: 17825 NW 183 STREET
City-St-Zip: MIAMI, FL 33169

Title: SEC (X) Change () Addition
Name: GLINTON, MAUREEN
Address: 17825 NW 183 STREET
City-St-Zip: MIAMI, FL 33169

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: TRISKA GLINTON

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date