

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000001865

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** HEADLINES SALON INC OF ORLANDO

**Current Principal Place of Business:**

4498 N. ALAFAYA TRL  
STE # 264  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

4498 N. ALAFAYA TRL  
STE # 264  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 37-1577422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, LISSETTE M  
1004 STOUT CT  
OVIEDO, FL 32765 US

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

CRUZ, LISSETTE M  
1662 SANDKEY CIRCLE  
OVIEDO, FL 32765 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:**

03/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ODEN, ROBERT E  
**Address:** 251 LYNN ST  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** WILSON, GARCEAUS R  
**Address:** 728 CASON LANE  
**City-St-Zip:** VA BEACH, VA 23462

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:** LISSETTE CRUZ

MNGR

03/29/2011

Electronic Signature of Signing Officer or Director

Date