

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000040420

Entity Name: DIVINE HAIR & SPA INC.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2805 EAST OAKLAND PARK BOULEVARD  
#423  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

2805 EAST OAKLAND PARK BOULEVARD  
#423  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

FEI Number: 30-0557469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUISSON, CHRISTIAN  
2805 E. OAKLAND PARK BLVD.  
#423  
FORT LAUDERDALE, FL 33306 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BUISSON, CHRISTIAN  
Address: 2805 EAST OAKLAND PARK BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: SD  
Name: BUISSON, VALERIE  
Address: 2805 EAST OAKLAND PARK BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33306

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: CHRISTIAN BUISSON

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date