

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000077873

Entity Name: ACHE HAIR SALON CORP

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

**Current Principal Place of Business:**

8100 W OKEECHOBEE RD  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8100 W OKEECHOBEE RD  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

FEI Number: 27-0947465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORTADA, MARGARITA  
8100 W OKEECHOBEE RD  
HIALEAH GARDENS, FL 33016 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: P  
Name: CORTADA, MARGARTIA  
Address: 8100 W OKEECHOBEE RD  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VP  
Name: CORTADA, CARLOS  
Address: 8100 W OKEECHOBEE RD  
City-St-Zip: HIALEAH GARDENS, FL 33016

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: M CORTADA

P

04/29/2011

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

\_\_\_\_\_  
Date