

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000003336

Entity Name: MAVY HAIR CUTS, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7400 NW S RIVER DRIVE  
MEDLEY, FL 33166

**New Principal Place of Business:**

7400 NW S RIVER DRIVE  
MEDLEY, FL 331662559 US

**Current Mailing Address:**

7400 NW S RIVER DRIVE  
MEDLEY, FL 33166

**New Mailing Address:**

7400 NW S RIVER DRIVE  
MEDLEY, FL 331662559 US

FEI Number: 27-1646682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, MAVY  
7400 NW S RIVER DRIVE  
MEDLEY, FL 33166 US

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

SANCHEZ, MAVY  
7400 NW S RIVER DRIVE  
MEDLEY, FL 331662559 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: MAVY SANCHEZ

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: SANCHEZ, MAVY  
Address: 8355 NW S RIVER DRIVE  
City-St-Zip: MEDLEY, FL 331662559

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: MAVY SANCHEZ

P/D

04/28/2011

Electronic Signature of Signing Officer or Director

Date