

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000028969

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** SCARLET BEAUTY SALON, INC.

**Current Principal Place of Business:**

945 SW 71ST AVE.  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

945 SW 71ST AVE.  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number:** 27-2267336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, CARMEN ROSA  
945 SW 71ST AVE.  
NORTH LAUDERDALE, FL 33065 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: PEREZ, CARMEN ROSA  
Address: 945 SW 71ST AVE.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP  
Name: DUARTE, ALTAGRACIA G  
Address: 945 SW 71ST AVE.  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: CARMEN ROSA PEREZ

P

02/21/2012

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

\_\_\_\_\_  
Date