

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000053703

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** SAYBLEE DARSALE HAIR CARE PRODUCTS, INC

**Current Principal Place of Business:**

3190 COMMODORE PLAZA, STE A  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3190 COMMODORE PLAZA, STE A  
COCONUT GROVE, FL 33133 US

**New Mailing Address:**

848 BRICKELL KEY DR. 502  
MIAMI, FL 33131 US

**FEI Number:** 27-2931136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TREVINO, JUAN A  
11428 NW 50TH TER  
DORAL, FL 33178 US

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

DARSALE, CYNTHIA S  
848 BRICKELL KEY DR. 502  
MIAMI, FL 33131 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:** CYNTHIA SAYBLEE DARSALE

03/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** DARSALE, SAYBLEE  
**Address:** 848 BRICKELL KEY DR APT 502  
**City-St-Zip:** MIAMI, FL 33131

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:** C. SAYBLEE DARSALE

CEO

03/14/2011

Electronic Signature of Signing Officer or Director

Date