

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000056952

Entity Name: POSE HAIR STUDIO, INC.

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2401 W. KENNEDY BLVD., STE D  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

2401 W. KENNEDY BLVD., STE D  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 27-2951998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEMENWAY, JOHN M  
1060 BLOOMINGDALE AVENUE  
VALRICO, FL 33596 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: PSD  
Name: HAYNES, DAVID K  
Address: 2401 W. KENNEDY BLVD., STE D  
City-St-Zip: TAMPA, FL 33609

Title: VTD  
Name: GONZALEZ, ROBERTO  
Address: 2401 W. KENNEDY BLVD., STE D  
City-St-Zip: TAMPA, FL 33609

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: DAVID K. HAYNES

PSD

01/31/2011

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

\_\_\_\_\_  
Date