

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000062799

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** L & WILL BARBERSHOP BEAUTY SALON, INC.

**Current Principal Place of Business:**

575 W OAKLAND PARK BLVD.  
WILTON MANORS, FL 33311

**New Principal Place of Business:**

4125 NORTH STATE ROAD 7  
#4  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

575 W OAKLAND PARK BLVD.  
WILTON MANORS, FL 33311

**New Mailing Address:**

4125 NORTH STATE ROAD 7  
#4  
LAUDERDALE LAKES, FL 33319

**FEI Number:** 27-2588947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOSEPH, LANDY  
575 W OAKLAND PARK BLVD.  
WILTON MANORS, FL 33311 US

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

JOSEPH, LANDY  
4125 NORTH STATE ROAD 7  
4  
LAUDERDALE LAKES, FL 33319 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:** LANDY JOSEPH

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** JOSEPH, LANDY  
**Address:** 4125 NORTH STATE ROAD 7  
**City-St-Zip:** LAUDERDALE LAKES, FL 33319

**Title:** VP  
**Name:** VALSAINT, WILEM  
**Address:** 4125 NORTH STATE ROAD 7  
**City-St-Zip:** LAUDERDALE LAKES, FL 33319

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:** LANDY JOSEPH

P

03/07/2012

Electronic Signature of Signing Officer or Director

Date