

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000083554

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** HAIR & MAKE-UP ARTISTRY, INC.

**Current Principal Place of Business:**

3054 HAKSMORE DRIVE  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

3054 HAWKSMORE DRIVE  
ORANGE PARK, FL 32065

**Current Mailing Address:**

3054 HAKSMORE DRIVE  
ORANGE PARK, FL 32065

**New Mailing Address:**

3054 HAWKSMORE DRIVE  
ORANGE PARK, FL 32065

**FEI Number:** 27-3676575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALES, CHATAL M  
3054 HAKSMORE DRIVE  
ORANGE PARK, FL 32065 US

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

GONZALES, CHATAL M  
3054 HAWKSMORE DRIVE  
ORANGE PARK, FL 32065 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:**

02/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GONZALES, CHANTAL M  
**Address:** 3054 HAWKSMORE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** ST  
**Name:** GONZALES, IVAN O  
**Address:** 3054 HAWKSMORE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32065

**Title:** D  
**Name:** CASE, SARA J  
**Address:** 3054 HAWKSMORE DRIVE  
**City-St-Zip:** ORANGE PARK, FL 32065

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:** CHANTAL M GONZALES

PRES

02/26/2011

Electronic Signature of Signing Officer or Director

Date