

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000040391

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLAVAS BARBER SHOP & SALON 2, INC.

**Current Principal Place of Business:**

1920 JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

106 CORALWOOD CR  
KISSIMMEE, FL 34743

**New Mailing Address:**

**FEI Number:** 45-2024346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARIONE, ANGELO  
106 CORALWOOD CR  
KISSIMMEE, FL, FL 34743 US

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

LARIONE, ANGELO  
106 CORALWOOD CR  
KISSIMMEE, FL 34743 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: ANGELO J LARIONE

Electronic Signature of Registered Agent

04/30/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LARIONE, ANGELO  
Address: 106 CORALWOOD CT  
City-St-Zip: KISSIMMEE, FL 34743

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: ANGELO J LARIONE

Electronic Signature of Signing Officer or Director

P

04/30/2012

Date