

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000056515

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** HAIRDOCTORS SILVER PALMS INC

**Current Principal Place of Business:**

23286 SW 112 AVE  
MIAMI, FL 33170 UN

**New Principal Place of Business:**

23286 SW 112 AVE  
MIAMI, FL 33032

**Current Mailing Address:**

23286 SW 112 AVE  
MIAMI, FL 33170 UN

**New Mailing Address:**

23286 SW 112 AVE  
MIAMI, FL 33032 UN

**FEI Number:** 45-2562962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MESTRE, ANAYS  
23286 SW 112 AVE  
MIAMI, FL 33170 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: P  
Name: MESTRE, ANAYS  
Address: 23286 SW 112 AVE  
City-St-Zip: MIAMI, FL 33170 UN

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: ANAYS MESTRE

P

02/22/2012

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

\_\_\_\_\_ Date