

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000067153

Entity Name: HAIRONYOU, INC.

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19 MONUMENT AVE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

19 WEST MONUMENT AVE  
KISSIMMEE, FL 34741

**Current Mailing Address:**

19 MONUMENT AVE  
KISSIMMEE, FL 34741

**New Mailing Address:**

19 WEST MONUMENT AVE  
KISSIMMEE, FL 34741

FEI Number: 45-3029954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, COLLETTE  
19 MONUMENT AVE  
KISSIMMEE, FL 34741 US

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

THOMAS, COLLETTE  
19 WEST MONUMENT AVE  
KISSIMMEE, FL 34741 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: COLLETTE THOMAS

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: THOMAS, COLLETTE  
Address: 19 MONUMENT AVE  
City-St-Zip: KISSIMMEE, FL 34741

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: COLLETTE THOMAS

PTD

05/01/2012

Electronic Signature of Signing Officer or Director

Date