

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000087227

**Entity Name:** BIOLOGIX HAIR INC.

**FILED**  
**Nov 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3 CARDINAL COURT #622  
HILTON HEAD ISLAND, SC 29926

**New Principal Place of Business:**

**Current Mailing Address:**

3 CARDINAL COURT #622  
HILTON HEAD ISLAND, SC 29926

**New Mailing Address:**

**FEI Number:** 45-3751540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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:** DCEO  
**Name:** HOLLAND, RONALD  
**Address:** 33 HAZELTON AVENUE, #343, TORONTO  
**City-St-Zip:** ONTARIO M5R 2E3 CANADA, XX XXXXX XX

**Title:** DPS  
**Name:** CASTRESANA DIAZ, DIEGO  
**Address:** VIA 40 NO. 73-290, OFIC.310, EDIFICIO MIX  
**City-St-Zip:** VIA 40 BARRANQUILLA COLOMBIA, XX XXXXX XX

**Title:** CFO  
**Name:** GOMEZ, CRISTIAN  
**Address:** CARRERA 30 NO. 12-47, APT 102  
**City-St-Zip:** MEDELLIN COLOMBIA, XX XXXXX XX

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:** DR. DIEGO CASTRESANA DIAZ

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11/08/2012

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

\_\_\_\_\_  
Date