## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000105719

Entity Name: GLYSSELLE'S BEAUTY SUPPLY INC

FILED Apr 26, 2012 Secretary of State

| Owner the Private of Province                            |                                 | New Principal Place of Pusinger           |                                      |
|--|---------------------------------|---|--------------------------------------|
| Current Principal Place of Business:                     |                                 | New Principal Place o                     | T Business:                          |
| 3007 WEST COMMERCIAL BLVD<br>UNIT103                     |                                 |   |                                      |
| FORT LAUDERDALE, FL 33309                                |                                 |   |                                      |
| Current Mailing Address:                                 |                                 | New Mailing Address:                      |                                      |
| 3007 WEST COMMERCIA<br>UNIT103                           | AL BLVD                         |   |                                      |
| FORT LAUDERDALE, FL                                      | 33309                           |   |                                      |
| FEI Number: 45-4029575                                   | FEI Number Applied For ( )      | FEI Number Not Applicable ( )             | Certificate of Status Desired (X)    |
| Name and Address of Current Registered Agent:            |                                 | Name and Address of New Registered Agent: |                                      |
| MERELUS, GLYSS<br>529 NW 96 STREET<br>MIAMI, FL 33150 US |                                 |   |                                      |
| The above named entity s in the State of Florida.        | ubmits this statement for the p | ourpose of changing its registered        | office or registered agent, or both, |
| SIGNATURE:   |                                 |   |                                      |
| Electroni  | c Signature of Registered Age   | ent                                       | Date                                 |
|  |                                 |   |                                      |
|  |                                 |   |                                      |

## **OFFICERS AND DIRECTORS:**

Title:

Name: MERELUS, GLYSS Address: 529 NW 96 STREET City-St-Zip: MIAMI, FL 33150

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: MERELUS GLYSS P 04/26/2012