

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000009732

FILED
Jan 21, 2008
Secretary of State

Entity Name: A DR. SHAPIRO'S HAIR INSTITUTE, INC.

Current Principal Place of Business:

4981 W. ATLANTIC AVE.
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4981 W. ATLANTIC AVE.
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0143694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, LAWRENCE
4981 W. ATLANTIC AVENUE
DELRAY BEACH, FL 33445 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAPIRO, LAWRENCE J.,
Address: 4981 W. ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE SHAPIRO

DR

01/21/2008

Electronic Signature of Signing Officer or Director

Date