

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000033649

**Entity Name:** JOSSIE'S HAIR DESIGNERS, INC.

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8197 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8197 NORTH UNIVERSITY DRIVE  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 65-0411630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALAVE, TERESA  
4985 NW 82ND TERRACE  
FORT LAUDERDALE, FL 33351 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  
**Name:** MALAVE, TERESA  
**Address:** 4985 NW 82ND TERRACE  
**City-St-Zip:** FORT LAUDERDALE, FL 33351

**Title:** VD  
**Name:** VARGAS, INGRID  
**Address:** 6700 NW 57TH DRIVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33321

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:** TERESA MALAVE

P

04/12/2010

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

\_\_\_\_\_  
Date