

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000078434

Entity Name: JIGSAW HAIR SALONS, INC.

FILED  
Apr 21, 2005  
Secretary of State

## Current Principal Place of Business:

7617 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33024 US

## New Principal Place of Business:

## Current Mailing Address:

7617 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33024 US

## New Mailing Address:

FEI Number: 65-0448889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRUHER, BARRY P ESQ  
3541 N 33RD TER  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

HAIM, ABRAHAMOFF P ESQ  
7617 PINES BLVD  
PEMBROKE PINES, FL 33024 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: HAIM ABRAHAMOFF

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: ABRAHAMOFF, HAIM  
Address: 16234 NW 1TH ST  
City-St-Zip: PEMBROKE PINES, FL

Title: DVS ( ) Delete  
Name: ABRAHAMOFF, SUZANNE  
Address: 16234 NW 11TH ST  
City-St-Zip: PEMBROKE PINES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: ABRAHAMOFF, HAIM  
Address: 5215 SW 121 TERR  
City-St-Zip: COOPER CITY, FL 33330

Title: DVS (X) Change ( ) Addition  
Name: ABRAHAMOFF, SUZANNE  
Address: 5215 SW 121 TERR  
City-St-Zip: COOPER CITY, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAIM ABRAHAMOFF SUZANNE ABRAHAMOFF

DPT

04/21/2005

Electronic Signature of Signing Officer or Director

Date