

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000010945

**Entity Name:** HAIR & ACCESSORIES, INC.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4620 NW 135TH ST.  
OPA LOCKA, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 771136  
CORAL SPRINGS, FL 33077 US

**New Mailing Address:**

**FEI Number:** 65-0463526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMMAD, IYAD  
4620 NW 135TH ST.  
OPA LOCKA, FL 33054 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: P  
Name: HAMMAD, IYAD  
Address: 4620 NW 135TH STREET  
City-St-Zip: OPA LOCKA, FL 33054 US

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: IYAD HAMMAD

PRES

02/21/2011

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

\_\_\_\_\_  
Date