

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000085569

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** MICHAEL THOMAS HAIR DESIGN, INC.

**Current Principal Place of Business:**

MICHAEL THOMAS HAIR  
5038 AIRPORT ROAD NORTH  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

MICHAEL THOMAS HAIR  
5038 AIRPORT ROAD NORTH  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 59-3475678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAFARO, DENISE  
5038 AIRPORT ROAD NORTH  
NAPLES, FL 341052407 US

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

CAFARO, DENISE  
5038 AIRPORT ROAD NORTH  
NAPLES, FL 34105 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:** DENISE CAFARO

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** CAFARO, MICHAEL  
**Address:** 3536 CORINTHIN WAY  
**City-St-Zip:** NAPLES, FL 34105

**Title:** S  
**Name:** CAFARO, DENISE  
**Address:** 3536 CORINTHIN WAY  
**City-St-Zip:** NAPLES, FL 34105

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:** MICHAEL CAFARO

TREA

04/22/2011

Electronic Signature of Signing Officer or Director

Date