## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000055168

Entity Name: FLORIDA ACADEMY OF HEALTH AND BEAUTY, INC

FILED Feb 16, 2012 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 2300 N.W. 9TH AVE. WILTON MANORS, FL 33311 **Current Mailing Address: New Mailing Address:** 2300 N.W. 9TH AVE WILTON MANORS, FL 33311 FEI Number: 65-0858015 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, THOMAS JR 2300 N.W. 9TH AVE WILTON MANORS, FL 33311 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** Title: THOMPSON, LORRAINE Name:

Name: THOMPSON, LORRAINE
Address: 2300 N.W. 9TH AVE.
City-St-Zip: WILTON MANORS, FL 33311

Title: VP

Name: THOMAS, MAXIEL Address: 777 BISCAYNE DR City-St-Zip: MIAMI, FL 33152

Title:

 Name:
 THOMPSON, ESSENCE

 Address:
 4595 NW 42ND ST

 City-St-Zip:
 FT.LAUDERDALE, FL 33319

Title: 0

Name: BARTON, EBONY
Address: 889 SW 2ND AVE
City-St-Zip: DEERFIELD, FL 33441

Title: C

 Name:
 THOMPSON, THOMAS

 Address:
 2300 N.W. 9TH AVE.

 City-St-Zip:
 WILTON MANORS, FL 33311

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: LORRAINE THOMPSON P 02/16/2012