

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000068392

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** TOWN CENTRE BEAUTY SALON, INC.

**Current Principal Place of Business:**

3611 OAKS CLUBHOUSE DRIVE  
STE 101  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3611 OAKS CLUBHOUSE DRIVE  
STE 101  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 65-0854756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRIGIDA, MARSHA  
3611 OAKS CLUBHOUSE DRIVE  
STE 101  
POMPANO BEACH, FL 33069 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: PTD  
Name: BRIGIDA, MARSHA  
Address: 3611 OAKS CLUBHOUSE DR. #101  
City-St-Zip: POMPANO BEACH, FL 33069

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: MARSHA BRIGIDA

PRES

02/26/2012

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

\_\_\_\_\_  
Date