

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087884

FILED
Apr 27, 2009
Secretary of State

Entity Name: STUDIO OF DISCIPLINE HAIR SALON INC.

Current Principal Place of Business:

STUDIO OF DISCIPLINE HAIR SALON INC.
2550 W. COLONIAL DR STE 412
ORLANDO, FL 32804 US

New Principal Place of Business:

STUDIO OF DISCIPLINE HAIR SALON INC.
817 N. PINE HILLS RD
ORLANDO, FL 32808 US

Current Mailing Address:

STUDIO OF DISCIPLINE HAIR SALON INC.
2550 W. COLONIAL DR STE 412
ORLANDO, FL 32804 US

New Mailing Address:

STUDIO OF DISCIPLINE HAIR SALON INC.
817 N. PINE HILLS RD
ORLANDO, FL 32808 US

FEI Number: 59-3374171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, MAGALIE
5366 REGAL OAK CIRCLE
ORLANDO, FL 32810 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHARLES, MAGALIE
Address: 5366 REGAL OAK CIRCLE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MAGALIE CHARLES

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date