

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000099348

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** THE SANCTUARY-HAIR, SKIN AND BODYCARE CENTER, INC.

**Current Principal Place of Business:**

6250 LANTANA ROAD  
SUITE/A3  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

6250 LANTANA ROAD  
SUITE/A3  
LAKE WORTH, FL 33463

**New Mailing Address:**

**FEI Number:** 65-0879012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BASIL, LIZA  
5370 OAKMONT VILLAGE CIR  
LAKE WORTH, FL 33463 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: PST  
Name: BASIL, LIZA  
Address: 5370 OAKMONT VILLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: CEO  
Name: KOREN, CRAIG  
Address: 5370 OAKMONT VLLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 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: LIZA MARIE BASIL

PRST

02/29/2012

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

\_\_\_\_\_  
Date