

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015235

FILED
May 13, 2009
Secretary of State

Entity Name: ADELA'S HAIR SALON OF PSL, INC.

Current Principal Place of Business:

974 SW BAYSHORE BLVD
PT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

974 SW BAYSHORE BLVD
PT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0877194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LORENZATTO, JOSE H
460 SW DOLORES AVE
PT ST LUCIE, FL 34983 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LORENZATTO, ADELA
Address: 974 SW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P () Delete
Name: LORENZATTO, JOSE H
Address: 460 SW DOLORES AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T () Change (X) Addition
Name: LEGASSA, NILDA V
Address: 259 WIMBLEDOM GATE NORTH
City-St-Zip: TORRINGTON, CT 06790

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: JOSE H LORENZATTO

P

05/13/2009

Electronic Signature of Signing Officer or Director

Date