

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000091051

**Entity Name:** TINA SCISSORHANDS, INC.

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2432 NORTH FEDERAL HWY.  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2432 NORTH FEDERAL HWY.  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

**FEI Number:** 65-0952660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROY, DAVID R P.A.  
4209 N. FEDERAL HWY.  
POMPANO BEACH, FL 33064 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: D  
Name: BROWN, TINA M  
Address: 1110 SW 5TH ST.  
City-St-Zip: BOCA RATON, FL 33486

Title: D  
Name: BROWN, THOMAS M  
Address: 1110 SW 5TH ST.  
City-St-Zip: BOCA RATON, FL 33486

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: THOMAS M BROWN

VP

04/02/2012

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

\_\_\_\_\_  
Date