

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S02402

Entity Name: HAIR SPLASH, INC.

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1350-C OCEAH SHORE BLVD  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2474  
BUNNELL, FL 32110 US

**New Mailing Address:**

FEI Number: 59-3040422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICOTTA, TINA  
14 OCEAN ST.  
PALM COAST, FL 32137 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: P  
Name: RICOTTA, TINA  
Address: 1613 FOREST PARK ST.  
City-St-Zip: BUNNELL, FL 32110

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: RICOTTA TINA

OWNE

03/30/2011

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

\_\_\_\_\_  
Date