

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S82831

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** TIJERAZO HAIR STYLIST, INC.

**Current Principal Place of Business:**

3409 N ARMEDIA AVE  
TAMPA, FL 33607

**New Principal Place of Business:**

3409 N ARMENIA AVE  
TAMPA, FL 33607

**Current Mailing Address:**

8901 W. CLUSTER AVENUE  
TAMPA, FL 33615 US

**New Mailing Address:**

**FEI Number:** 59-3090670      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MENDOZA, JESUS  
8901 W. CLUSTER AVENUE  
TAMPA, FL 33615 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: DP  
Name: MENDOZA, JESUS  
Address: 1301 E OSBORNE AVE  
City-St-Zip: TAMPA FL,

Title: DST  
Name: MENDOZA, MARIA E  
Address: 1301 E OSBORNE AVE  
City-St-Zip: TAMPA FL,

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: JESUS MENDOZA

DP

01/28/2010

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

\_\_\_\_\_  
Date