

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007945

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC7439368334**

**Entity Name:** HEALTHY BEAUTIFUL HAIR, INCORPORATED

**Current Principal Place of Business:**

2365 NW 179TH STREET  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

2365 NW 179TH STREET  
MIAMI GARDENS, FL 33056

**FEI Number:** 46-5370033

**Certificate of Status Desired:** Yes

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

PAGE, ACACIA  
2365 NW 179TH STREET  
MIAMI GARDENS, FL 33056 US

*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

**Officer/Director Detail :**

Title P  
Name PAGE, ACACIA  
Address 2365 NW 179TH STREET  
City-State-Zip: MIAMI GARDENS FL 33056

Title VP  
Name PAGE, BEVERLY  
Address 331 ALABAMA HWY 201  
City-State-Zip: BANKS AL 36005

Title VP  
Name MCCASKILL, SCOTT  
Address 2365 NW 179TH STREET  
City-State-Zip: MIAMI GARDENS FL 33056

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ACACIA PAGE

**PRESIDENT**

**04/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date