

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037132

Entity Name: DOCTOR HAIR, INC.

Current Principal Place of Business:

5829 TOMOKA DR.
ORLANDO, FL 32839

Current Mailing Address:

5829 TOMOKA DR.
ORLANDO, FL 32839

FEI Number: 87-0795416

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELLIARD, REINA
5829 TOMOKA DR.
ORLANDO, FL 32839 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 PST
Name BELLIARD, REINA
Address 5829 TOMOKA DR.
City-State-Zip: ORLANDO FL 32839

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: REINA BELLIARD

PRESIDENT

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date