

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000006915

Entity Name: HAIR LOSS STINKS INC

Current Principal Place of Business:

WHISPERING WOODS CENTER
7501 WILES RD STE 103
CORAL SPRINGS, FL 33067

Current Mailing Address:

WHISPERING WOODS CENTER
7501 WILES RD STE 103
CORAL SPRINGS, FL 33067 US

FEI Number: 47-2935462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOSS, JOHN
WHISPERING WOODS CENTER
7501 WILES RD STE 103
CORAL SPRINGS, FL 33067 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 GOSS, JOHN
Address 8897 MIDNIGHT PASS RD
STE 206
City-State-Zip: SARASOTA FL 34242

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: JOHN GOSS

PRESIDENT

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date