

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000078434

**Entity Name:** JIGSAW HAIR SALONS, INC.

**Current Principal Place of Business:**

8791 STIRILING RD  
COOPER CITY, FL 33328

**Current Mailing Address:**

8791 STIRILING RD  
COOPER CITY, FL 33328 US

**FEI Number:** 65-0448889

**Certificate of Status Desired:** No

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

ABRAHAMOFF, HAIM PESQ  
8791 STIRILING RD  
COOPER CITY, FL 33328 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           | DPT              | Title           | DVS                 |
| Name            | ABRAHAMOFF, HAIM | Name            | ABRAHAMOFF, SUZANNE |
| Address         | 5600 SW 111 TERR | Address         | 5600 SW 111 TERR    |
| City-State-Zip: | DAVIE FL 33328   | City-State-Zip: | DAVIE FL 33328      |

*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:** HAIM ABRAHAMOFF

**PRESIDENT**

**04/28/2016**

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

\_\_\_\_\_  
Date