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.

PRESIDENT

SIGNATURE: DEBRA L VERBORN

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA PROFIT	CORPORATION ANNUAL REPORT

DOCUMENT# P99000088599

Entity Name: HAIR SHAPERS, INC.

Current Principal Place of Business:

4085 HANCOCK BRIDGE PKWY 117 NORTH FORT MYERS, FL 33903

Current Mailing Address:

846 SE 1ST TER CAPE CORAL, FL 33990 US

FEI Number: 65-0953610

Name and Address of Current Registered Agent:

VERBORN, DEBRA L 846 SE 1ST TER CAPE CORAL, FL 33990 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	Ρ	Title	VP
Name	VERBORN, DEBRA LYNN	Name	VERBORN, MICHAEL DOUGLAS SR.
Address	846 SE 1ST TER	Address	846 SE 1ST TER
City-State-Zip:	CAPE CORAL FL 33990	City-State-Zip:	CAPE CORAL FL 33990

03/03/2020

FILED Mar 03, 2020 Secretary of State 8090208649CC

Date

Date