

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000042358

**FILED  
Jul 14, 2009  
Secretary of State**

**Entity Name:** SHAMPOLOGY SALON AND SUPPLY, INC.

**Current Principal Place of Business:**

180 NE 39TH ST  
SUITE 216  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

180 NE 39TH ST  
SUITE 216  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 20-8788114      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DILLON, DANNY  
533 NW 44TH ST  
MIAMI, FL 33127 US

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: DILLON, DANNY  
Address: 533 NW 44TH ST  
City-St-Zip: MIAMI, FL 33127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANNY R DILLON

PTD

07/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date