

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40042

Entity Name: COMPANY C HAIR, INC.

FILED  
Mar 05, 2012  
Secretary of State

**Current Principal Place of Business:**

4264 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4264 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 65-0338404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, CAROL  
4264 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: SMITH, CAROL  
Address: 4264 NORTHLAKE BLVFD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S  
Name: SMITH, RICHARD SR.  
Address: 4264 NOTHLAKE BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP  
Name: SMITH, RICHARD JR.  
Address: 4264 NORTHLAKE BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TREA  
Name: SMITH, CAROL M  
Address: 4264 NORTHLAKE BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: CAROL SMITH

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

PRES

03/05/2012

\_\_\_\_\_  
Date