

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V40042

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC8559048783**

**Entity Name:** COMPANY C HAIR, INC.

**Current Principal Place of Business:**

4264 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4264 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 65-0338404

**Certificate of Status Desired:** No

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

SMITH, CAROL  
4264 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 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  
Name           SMITH, CAROL  
Address        4264 NORTHLAKE BLVFD  
City-State-Zip: PALM BEACH GARDENS FL 33410

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

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

Title           TREA  
Name           SMITH, CAROL M  
Address        4264 NORTHLAKE BLVD  
City-State-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

**PRESIDENT**

**04/23/2014**

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

\_\_\_\_\_  
Date