2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000051322

1. Entity Name
UPSCALE BARBER SHOP, INC.

FILED
06 AUG 23 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08202006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
4512 W HANNA AVE TAMPA, FL 33614 US	P.O. BOX 495697 PORT CHARLOTTE, FL 33949

2. Principal Place of Business	3. Mailing Address
2751-A Tamiami Trail	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte Florida	City & State
Zip: 33952 Country: USA	Zip Country

4. FEI Number ~~APPLIED FOR~~ 205334381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVERA, LUIS A 4512 W HANNA AVE TAMPA, FL 33614	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RIVERA, LUIS 4512 W HANNA AVE TAMPA, FL 33614	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P UTSET DIANNE 2751 A TAMIAMI TRAIL Port Charlotte Fl. 33952 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RIVERA, LUIS 4512 W HANNA AVE TAMPA, FL 33614	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP UTSET, DIANNE 2751-A TAMIAMI TRAIL Port Charlotte Fl. 33952 ☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100079129091 08/25/06--01033--007 **35.00 JC 8/23 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment ~~with an~~ address, with all other like empowered.

SIGNATURE: X Dianne Utset Dianne Utset 8/21/06 (305) 989-8007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #