2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# P04000139359

Entity Name: PAPO'S BARBER SHOP CORP.

Current Principal Place of Business:

2742 SW 8TH STREET, #16
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

2742 SW 8TH STREET, #16
MIAMI, FL 33135

New Mailing Address:

22045 SW 125TH AVENUE
MIAMI, FL 33170 US

FEI Number: 20-1718498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTI, SUNY
2742 SW 8TH STREET, #17
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

MARTI, SUNY
22045 SW 125TH AVENUE
MIAMI, FL 33170 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: 05/01/2005
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: DP ( ) Delete
Name: MARTI, SUNY
Address: 2742 SW 8TH STREET, #16
City-St-Zip: MIAMI, FL 33135

Title: VD ( ) Delete
Name: MARTI, WILFRED
Address: 2742 SW 8TH STREET, #16
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MARTI, SUNY
Address: 22045 SW 125TH AVENUE
City-St-Zip: MIAMI, FL 33170 US

Title: VD (X) Change ( ) Addition
Name: MARTI, WILFRED
Address: 22045 SW 125TH AVENUE
City-St-Zip: MIAMI, FL 33170 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUNY MARTI DP 05/01/2005
Electronic Signature of Signing Officer or Director Date