

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111430

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: HEAD HUNTERZ BARBER SHOP, INC.

## Current Principal Place of Business:

2018 NORTHEAST 8TH STREET  
HOMESTEAD, FL 33033

## New Principal Place of Business:

28862 SOUTH DIXIE HWY  
MIAMI, FL 33033

## Current Mailing Address:

PO BOX 924084  
HOMESTEAD, FL 33092

## New Mailing Address:

PO BOX 924084  
PRINCETON, FL 33092

FEI Number: 65-0976387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEMENTS, CHEVAS  
23145 SW 113TH PASSAGE  
MIAMI, FL 33170 US

## Name and Address of New Registered Agent:

CUMMINGS, LEON  
23145 SW 113TH PASSAGE  
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: LEON CUMMINGS

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: PIQUE, ARTHUR  
Address: 2018 NORTHEAST 8TH STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: V ( ) Delete  
Name: RIVERA, SALVATORE  
Address: 2018 NORTHEAST 8TH STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: M (X) Delete  
Name: PEREZ, WILLIAM  
Address: 2018 N.E 8TH STREET  
City-St-Zip: HOMESTEAD, FL 33033

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CLEMENTS, CHEVAS  
Address: 23145 SW 113TH PASSAGE  
City-St-Zip: MIAMI, FL 33170

Title: V (X) Change ( ) Addition  
Name: RIVERA, SALVATORE  
Address: 23145 SW 113TH PASSAGE  
City-St-Zip: MIAMI, FL 33170

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: CHEVAS V CLEMENTS

MR.

04/10/2009

Electronic Signature of Signing Officer or Director

Date