


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000135620</b> 1. Entity Name <b>RUDY'S SHARP CUTS, INC.</b>															
Principal Place of Business <b>15536 SW 169 LANE</b> <b>MIAMI FL 33187</b>				Mailing Address <b>15536 SW 169 LANE</b> <b>MIAMI FL 33187</b>											
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>32-0130028</b>											
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>											
Zip		Country		6. Name and Address of Current Registered Agent  <b>FERNANDEZ, NORINA G</b> <b>15536 SW 169 LANE</b> <b>MIAMI FL 33187</b>											
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>PD FERNANDEZ, RODOLFO</b></td> <td><b>15536 SW 169 LANE</b></td> <td><b>MIAMI FL 33187</b></td> <td></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>		<b>PD FERNANDEZ, RODOLFO</b>	<b>15536 SW 169 LANE</b>	<b>MIAMI FL 33187</b>	
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	<b>PD FERNANDEZ, RODOLFO</b>	<b>15536 SW 169 LANE</b>	<b>MIAMI FL 33187</b>												
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>						12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>											



1st MOORE CR2E034 (10/05)

**FL** Zip Code

**U00000511453**  
**04/29/06-80049-017 150.00**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Rodolfo Fernandez 04/10/06**