

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000086561

**Entity Name:** M.I.A BARBERSHOP, INC.

**Current Principal Place of Business:**

7676 NW 179 STREET  
HIALEAH, FL 33015

**Current Mailing Address:**

7676 NW 179 STREET  
HIALEAH, FL 33015 US

**FEI Number:** 47-5363603

**Certificate of Status Desired:** No

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

FONTE, ALEX  
7676 NW 179 STREET  
HIALEAH, FL 33015 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	P	Title	VP
Name	GOENAGA, CARMEN	Name	FONTE, ALEX
Address	7676 NW 179 STREET	Address	7676 NW 179 STREET
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	HIALEAH FL 33015

*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:** ALEX FONTE

VP

04/30/2016

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

\_\_\_\_\_  
Date