

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 182553

FILED
Jul 27, 2004
Secretary of State

Entity Name: MIAMI BARBER COLLEGE, INC.

Current Principal Place of Business:

220 MAIN STREET
P O BOX 1367
MCCOMB, MS 39648

New Principal Place of Business:

New Mailing Address:

PO BOX 1367
MCCOMB, MS 39649

Current Mailing Address:

220 MAIN STREET
P O BOX 1367
MCCOMB, MS 39648

FEI Number: 59-0728593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEWART, JR
2626 CRYSTAL COURT COVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

SMITH, STEWART A JR
2626 CRYSTAL COURT COVE
JACKSONVILLE, FL 32224 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: STEWART A SMITH, JR 07/27/2004

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: PD () Delete
Name: SMITH, STEWART A.,
Address: 220 MAIN STREET
City-St-Zip: MCCOMB, MS

Title: ST () Delete
Name: SMITH AILEEN,
Address: 220 MAIN STREET
City-St-Zip: MCCOMB, FL

Title: VP () Delete
Name: SMITH STEWART A. JR.,
Address: 2626 CRYSTAL COURT COVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, STEWART A
Address: 2408 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: ST (X) Change () Addition
Name: SMITH, AILEEN B
Address: 2408 PINE ISLAND COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP (X) Change () Addition
Name: SMITH, STEWART A JR
Address: 2626 CRYSTAL COURT COVE
City-St-Zip: JACKSONVILLE, FL 32224 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: STEWART A SMITH P 07/27/2004

Electronic Signature of Signing Officer or Director Date