

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90008 023 ***150.00

DOCUMENT # 294089
 1. Entity Name
WESTCHESTER PLAZA BARBER SHOP INC



Principal Place of Business Mailing Address
8443 CORAL WAY MIAMI FL 33155 **8443 CORAL WAY MIAMI FL 33155**



2. Principal Place of Business **8739 CORAL WAY**
 Suite, Apt. #, etc.

3. Mailing Address **8739 CORAL WAY**
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State **MIAMI FL.** City & State **MIAMI FL**

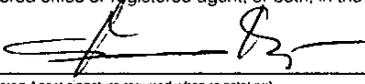
4. FEI Number **59-1097674**
 Applied For
 Not Applicable

Zip **33165** Country **USA** Zip **33165** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ORTEGA JR, OSWALDO
~~**8443 CORAL WAY MIAMI FL 33155**~~ **8739 CORAL WAY MIAMI FL 33165**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 **OSWALDO ORTEGA**  **3-1-06**
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

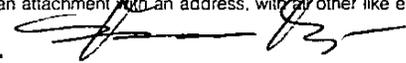
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ORTEGA, OSWALDO JR	
STREET ADDRESS	8620 S W 16 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGA, ALEXIS A	
STREET ADDRESS	540 NW 97 AVE 1971 SW 56 AVE	
CITY-ST-ZIP	PLANTATION FL 33334 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGA, MARIA L	
STREET ADDRESS	8620 S W 16 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  **3-1-06 305-544-6658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #