


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 409405
1. Entity Name
MR. T'S BARBERS, LTD., INC.



Principal Place of Business
**2084 HAVERHILL ROAD
WEST PALM BEACH, FL 33417**

Mailing Address
**2084 HAVERHILL ROAD
WEST PALM BEACH, FL 33417**

DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1538901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**D'ARGENIO, JOSEPHINE
2084 HAVERHILL ROAD
WEST PALM BCH, FL 33417**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000643377
03/01/07-80084-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	D'ARGENIO, JOSEPHINE
STREET ADDRESS	2084 HAVERHILL ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D
NAME	D'ARGENIO, LUIS
STREET ADDRESS	415 CHAPEL HILL BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Josephine D'Argenio **561-686-9410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **02/19/2007**
Date Daytime Phone #