


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90196 046 ***158.75

DOCUMENT # 471243 1. Entity Name BARBARA HAIR FASHION, INC.	
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Principal Place of Business 9 EAST 44TH STREET HIALEAH, FL 33013-1815	Mailing Address 9 EAST 44TH STREET HIALEAH, FL 33013-1815
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1609695	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUAREZ, ALFONSO 911 W. 39 PLACE HIALEAH, FL 33012
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**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, HILDA 911 W. 39 PLACE HIALEAH FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUAREZ, ALFONSO 911 W. 39 PLACE HIALEAH FL,
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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 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 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: <u>Alfonso Suarez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>ST</u> <small>ST</small>	<u>4-28-05</u> <small>Date</small>	<u>305-558-5378</u> <small>Daytime Phone #</small>
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