


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** *02*  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 471243</b> 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**



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1609695	Applied For Not Applicable
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5. Certificate of Status Desired <input 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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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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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**DO NOT WRITE IN THIS SPACE**

1000000684322  
04/06/07-80027-015 150.00

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: <i>Alfonso Suarez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03-2007 <small>Date</small>	<small>Daytime Phone #</small>
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