


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-07-2007 90020 004 ***150.00

DOCUMENT # 495884 1. Entity Name COLONIAL BARBER SHOP, INC.	
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Principal Place of Business 3307 W CYPRESS ST. TAMPA, FL 33607 US	Mailing Address 3307 W CYPRESS STREET TAMPA, FL 33607 US
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66006622



01152007 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-1648311	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 PEDREGAL, RUBEN 3307 W. CYPRESS ST. TAMPA, FL 33607

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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 <u><i>Ruben Pedregal</i></u> <small>Signature, typed or printed name of registered agent and fee, if applicable.</small>	<u><i>Pres.</i></u> <small>(NOTE: Registered Agent signature required when reappointing)</small>	<u><i>2-20-07</i></u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	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 RUBEN, PEDREGAL 3307 W. CYPRESS ST. TAMPA, FL
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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: <u><i>Ruben Pedregal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>	<u><i>12-21-07</i></u> <small>Date</small> <small>Daytime Phone #</small>