

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 512992

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: FAMILY AFFAIR HAIRCUTTERS, INC.

**Current Principal Place of Business:**

6350-2 W. ATLANTIC BLVD.  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

6350-2 W. ATLANTIC BLVD  
MARGATE, FL 33063 US

**New Mailing Address:**

FEI Number: 59-1691203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARP, FREDERICK  
9780 NW 47 DRIVE  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: KARP, MELODY  
Address: 9780 NW 47 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PD ( ) Delete  
Name: KARP, FREDERICK,  
Address: 9780 NW 47 DR  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK KARP

PD

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date