2008 FOR PROFIT CORPORÁTION ANNUAL REPORT (AR)

SIGNATURE:

Feb 14, 2008 8:00 am Secretary of State **DOCUMENT # G53002** 1. Entity Name 02-14-2008 90015 040 ***150.00 FRANK FINI'S MEN'S HAIR CENTER, INC. Principal Place of Business Mailing Address % FRANK FINI 5100 W. COMMERCIAL BLVD. TAMARAC FL 33319-2834 % FRANK FINI 5100 W. COMMERCIAL BLVD. TAMARAC FL 33319-2834 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8685 W.MCNAB RD. 8685 W.MCNAB RO. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-2315482 Not Applicable TAMARAC TAMARAC Country Ζıρ Zip \$8.75 Additional 5. Certificate of Status Desired 3332 33<u>321</u> USA ν sa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINI RANK FINI, FRANK Street Address (P.O. Box Number is Not Acceptable) 5100 W. COMMERCIAL BLVD. TAMARAC FL Zip Code 333 2/ TAMARAC 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 2-3-00 th Signature, typed or printed cance of registered agent and title. I applicable, (NOTE Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE DP TITLE ☐ Delete ■ Addition Change FINI, FRANK FINI. FRANK NAME NAME 8685 W. MCNAB RD. STREET ADDRESS 5100 W COMMERICAL BLVD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33319-2834 CITY-ST-3P TAMARAC, FL. 33321 TITLE DST ☐ Delete TITLE Change ☐ Addition FINI CAROL FINI, CAROL NAME 8685 W. MCNAB RD. STREET ADDRESS 5100 W COMMERICAL BLVD STREET ADDRESS CITY-ST-7/P TAMARAC FL 33319-2834 CITY-ST-ZIE TAMARAC, FL. 33321 TITLE Deiete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MALI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED