


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90199 010 ***150.00

DOCUMENT # G62370	
1. Entity Name NEW YORK STYLE BARBERSHOP, INC.	

Principal Place of Business 5806 N UNIVERSITY DRIVE TAMARAC, FL 33321	Mailing Address 5806 N UNIVERSITY DRIVE TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RENTSCHLER, LARRY R
5806 N UNIVERSITY DRIVE
TAMARAC, FL 33321

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P SOLOMON, ERNEST M 8401 LAGOS DECAMPO BLVD, APT 3012 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENTSCHLER, LARRY R 5806 N UNIVERSITY DRIVE FORT LAUDERDALE, FL 33321
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Ernest M Solomon **ERNEST M Solomon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT 4/24/06**
Date Daytime Phone #