2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73294

Address:

City-St-Zip:

FILED Feb 20, 2008 Secretary of State

Entity Nan	ne: SCIZZOI	RS HAIRCUTTERS INC.				-
Current Principal Place of Business:				New Principal Place of Business:		
5111-5 BAYMEADOWS RD JACKSONVILLE, FL 32217				5111 BAYMEADOWS RD. 5 JACKSONVILLE, FL 32217		
Current Mailing Address:				New Mailing Address:		
5111-5 BAYMEADOWS RD JACKSONVILLE, FL 32217				5111 BAYMEADOWS RD. 5 JACKSONVILLE, FL 32217		
FEI Number: 59-2402538 FEI Number Applied For ()			FEI Nur	nber Not Appl	•	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
JACKSON' The above	ROSE FALLS VILLE, FL 32 named entity	258 US	e purpose o	f changing i	ts registere	ed office or registered agent, or both,
in the State						
SIGNATUR	Electro	nic Signature of Registered A	gent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	IM, SAMAN L 5349 WINROS JACKSONVILL	E, FL 32258		Title: Name: Address: City-St-Zip:		ROSE FALLS DR. VILLE, FL 32258
Title: Name:	() Delete		Title: Name:	VP IM, CHAN	() Change (X) Addition

Address:

City-St-Zip:

5349 WINROSE FALLS DR. JACKSONVILLE, FL 32258

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: SAMAN IM D 02/20/2008