


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90012 030 ***150.00

DOCUMENT # K07103 1. Entity Name SURFSIDE BARBER SHOP, INC.					
Principal Place of Business 9431 HARDING AVE. SURFSIDE, FL 33154			Mailing Address 9431 HARDING AVE. SURFSIDE, FL 33154		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LEYVA, JUAN F 9431 HARDING AVE SURFSIDE, FL 33154				7. Name and Address of New Registered Agent Name Amor, Aramis Street Address (P.O. Box Number is Not Acceptable) 9431 Harding Avenue City Surfside FL Zip Code 33154	
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 <i>[Signature]</i> 01/04/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEYVA, JUAN F 9431 HARDING AVE SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRGE, ILEANA G PO BOX 190082 MIAMI BEACH, FL 331190082	<input checked="" type="checkbox"/> Delete			
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 01/04/06 786 3996346 305 225 3849 <small>Daytime Phone #</small>	