2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State
04-26-2006 90028 021 ****50.00

DOCUMENT # L05000041915

1. Entity Name
E-N-J BARBERSHOP LLC

Principal Place of Business	Mailing Address
10114-B NEBRASKA AVE TAMPA, FL 33612	1216 WINDSOR CIRCLE BRANDON, FL 33510

04192006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 43-2105856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NICOPHENE, JEAN P
1216 WINDSOR CIRCLE
BRANDON, FL 33510

7. Name and Address of New Registered Agent

Name: Nicophene Jean P
Street Address (P.O. Box Number is Not Acceptable): 1216 Windsor circle
City: BRandon FL Zip Code: 33510

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 ______________________

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR NICOPHENE, JEAN P 1216 WINDSOR CIRCLE BRANDON, FL 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Nicophene Jean P 1216 windsor circle BRandon Florida	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM NICOPHENE, ESTHER 1216 WINDSOR CIRCLE BRANDON, FL 33510	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Nicophene Esther 1216 Windsor circle BRandon Fla 33510	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Jean P. Nicophene 4/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE