

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90004 015 ***150.00

DOCUMENT # L53321

1. Entity Name
HOLLYWOOD BARBER SHOP, INC.



Principal Place of Business
**333 SE 15TH TERR
DEERFIELD BCH., FL 33442 US**

Mailing Address
**333 15TH TERR
DEERFIELD BEACH, FL 33442 US**

44045986



DO NOT WRITE IN THIS SPACE

02282003 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0181498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODGERS, MELVIN
333 SE 15TH TERR
FT. LAUDERDALE, FL 33442**

**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

Melvin Rodgers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-16-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	RODGERS, MELVIN O.
STREET ADDRESS	333 SE E15TH TERR
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	<i>Melvin O. Rodgers</i>
NAME	<i>179 Deerfield Beach, FL 33442</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Melvin Rodgers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-04

Date

954 4290450

Daytime Phone #