

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L53321</b><br>1. Entity Name<br><b>HOLLYWOOD BARBER SHOP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                         |  |
| Principal Place of Business<br><b>333 SE 15TH TERR<br/>DEERFIELD BCH., FL 33442 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   | Mailing Address<br><b>333 15TH TERR<br/>DEERFIELD BEACH FL 33442 US</b>                                                  |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   | 04222005 No Chg-P CR2ED34 (10/03)                                                                                        |  |
| 4. FEE Number<br><b>65-0181498</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | Added For<br>Not Applicable                                                                                              |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   | <b>\$8.75</b> Additional Fee Required                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RODGERS, MELVIN<br/>333 SE 15TH TERR<br/>FT. LAUDERDALE, FL 33442</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                    |  |
| 7. 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 _____ DATE _____<br><small>Signature must be printed name of registered agent and state if applicable (NOTE: Registered Agent signature has the same legal effect as if made under oath that I am familiar with and accept the obligations of registered agent)</small>                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                                                          |  |
| <b>FEE NOW!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$250.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   | 8. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   | 000000334832<br>04/27/05-80062-003 150.00                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PSD<br><b>RODGERS MELVIN O.<br/>179 BOHISTRY LN<br/>DEERFIELD BEACH, FL 33442</b> |                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                          |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 information. |                                                                                   |                                                                                                                          |  |
| <b>SIGNATURE:</b> <i>Melvin Rodgers</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   | 4-24-05 <i>Gwen</i>                                                                                                      |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   | Date Date of Filing                                                                                                      |  |