


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90033 034 \*\*\*150.00

<b>DOCUMENT # L71446</b> 1. Entity Name <b>SHAMPOO PLUS HAIRCUTTERS, INC.</b>	
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Principal Place of Business <b>5155 A-B ATLANTIC AVE DELRAY EBACH, FL 33484 US Beach</b>	Mailing Address <b>5155 A-B ATLANTIC AVE DELRAY EBACH, FL 33484 US Beach</b>
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**50009266**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0190343</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>ALFERO, ANTHONY J ESQ 5155 A-B ATLANTIC AVE DELRAY BEACH, FL 33484</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARTER, LINDA 1732 ANNANDALE CIRCLE WEST PALM BEACH, FL 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BARTER, WAYNE E 1732 ANNANDALE CIRCLE WEST PALM BEACH, FL 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TRAINA, SANDRA 508 WILLOW LAKE CT. LAKE MARY, FL 32746</b>
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:** Linda Barter **LINDA BARTER** **PRES.** 1-2505-561-496-7733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #