

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-03-2006 90001 020 ***150.00

DOCUMENT # M62500

1. Entity Name
BAR-FRA, INC.



Principal Place of Business
**% BARBARA PETERS
1890 SOUTH OCEAN DRIVE
HALLANDALE, FL 33009**

Mailing Address
**% BARBARA PETERS
1890 SOUTH OCEAN DRIVE
HALLANDALE, FL 33009**



01062006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0013439

Applied For
Not Applicable

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

2. Principal Place of Business
**BAR-FRA, INC.
D/B/A LA MER HAIRSTYLISTS
1890 SOUTH OCEAN DRIVE
HALLANDALE BEACH, FL 33009**

3. Mr. **BAR-FRA, INC**
St. **BARBARA PETERS**
Co. **3600 TUSCANY DRIVE**
City **HOLLYWOOD, FL 33021**

6. Name and Address of Current Registered Agent
**PETERS, BARBARA
1890 SOUTH OCEAN DRIVE
HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent
Name **BARBARA H. PETERS**
Street **3600 TUSCANY DRIVE**
City **HOLLYWOOD, FL 33021**
Code

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 *Barbara Peters*

(NOTE: Registered Agent signature required when reinstating)

1/30/2006
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D PETERS, BARBARA 1890 SOUTH OCEAN DR. HALLANDALE, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. p ND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY	P PETERS, BARBARA 3600 TUSCANY DRIVE HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Peters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06
Date

954
458-1027
Daytime Phone #