

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90132 034 ***150.00

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DOCUMENT # P00000005114 1. Entity Name A TREE BARBER INC.			
Principal Place of Business 8380 S W 65TH AVE #6 MIAMI, FL 33143		Mailing Address 8380 S W 65TH AVE #6 MIAMI, FL 33143	
2. Principal Place of Business 2820 N.W. 4th TERRACE		3. Mailing Address 2820 N.W. 4th TERRACE	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State Miami, FL.		City & State Miami, FL.	
Zip 33125	Country U.S.A.	Zip 33125	Country U.S.A.
4. FEI Number 65-0975498		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESCOBAR, MARIANA 8380 S W 65TH AVE APT 6 MIAMI, FL 33143		7. Name and Address of New Registered Agent Name Escobar, MARIANA Street Address (P.O. Box Number is Not Acceptable) 2820 N.W. 4th TERRACE City Miami FL Zip Code 33125	
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 <u><i>Mariana Escobar</i></u> 4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESCOBAR, MARIANA 8380 S W 65TH AVE APT 6 MIAMI, FL 33143	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/05 (305) 229-9050 <small>Date Daytime Phone #</small>	