

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000037433

1. Entity Name
BENNY'S HAIR CUT, INC.



Principal Place of Business
15222 S.W. 72ND STREET
MIAMI, FL 33193

Mailing Address
15222 S.W. 72ND STREET
MIAMI, FL 33193

FILED
06 APR 27 AM 11:02
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



04192006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0998834

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMADOR, BERNARDO A
12731 S.W. 63RD CIR. TERRACE
MIAMI, FL 33183

**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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME AMADOR, BERNARDO A
STREET ADDRESS 12731 S.W. 63RD CIR. TERRACE
CITY-ST-ZIP MIAMI, FL 33183

TITLE SD
NAME ALVAREZ, REINA
STREET ADDRESS 12731 S.W. 63RD CIR. TERRACE
CITY-ST-ZIP MIAMI, FL 33183

TITLE TD
NAME ALVAREZ, REINA
STREET ADDRESS 12731 S.W. 63RD CIR. TERRACE
CITY-ST-ZIP MIAMI, FL 33183

TITLE
NAME *DR5/8*
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500074148295
05/08/06--01014--024 **400.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 3053862426
Date Daytime Phone #