

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90005 027 \*\*\*150.00

**DOCUMENT # P00000088538**

1. Entity Name  
**CHUNKY'S BARBER SHOP, INC.**



Principal Place of Business  
**157 SW 42 ST 1575 W 42 ST**  
**HIALEAH, FL 33012**

Mailing Address  
**2531 W 65 STREET**  
**HIALEAH, FL 33016**

**40104374**



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1039082**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GIGLIO, SIMON A**  
**2120 W 60TH ST 1575 W 42 ST**  
**HIALEAH, FL 33016 HIALEAH, FL 33012**

**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 remaining)  
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	PTD GIGLIO, SIMON A 2531 W 65TH ST HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GIGLIO, ARIEL A 2531 W 65TH ST HIALEAH, FL 33016
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**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: Simon A Giglio **SIMON A GIGLIO** 4/13/08 305-828-0995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #