

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

03-24-2008 90039 034 ***150.00

DOCUMENT # P01000057952 1. Entity Name BIG TIME BARBER SHOP, INC.					
Principal Place of Business 2521 N. HIATUS ROAD COOPER CITY, FLORIDA FL 33026 US			Mailing Address 2521 N. HIATUS ROAD COOPER CITY, FLORIDA FL 33026 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1125620 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRERA, HANSI 2521-N. HIATUS ROAD COOPER CITY, FLORIDA FL 33026			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip 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 _____ Signature, typed or printed name of registered agent and the Principal agent.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P LANGE, BRYAN 1173 NW 122 TERR PEMBROKE PINES FL 33026	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CABRERA, HANSI 1173 NW 122 TER PEMBROKE PINES FL 33026	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 filing like empowered.			SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		