

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039317

FILED
Apr 30, 2008
Secretary of State

Entity Name: WALBERT'S SPORTY CUTS BARBER SHOP

Current Principal Place of Business:

1665 NW 123 STREET
NORTH MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1665 NW 123 STREET
NORTH MIAMI, FL 33167

New Mailing Address:

FEI Number: 02-0582060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORVIL, JOSEPH G
1645 NW 129 STREET
NORTH MIAMI, FL 33167 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSEPH, WALBERT
Address: 1665 NW 123 STREET
City-St-Zip: NORTH MIAMI, FL 33167

Title: V () Delete
Name: JOSEPH, RIGOBERT
Address: 1665 NW 123 STREET
City-St-Zip: NORTH MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOSEPH, WALBERT
Address: 1275 NE 202 ST
City-St-Zip: MIAMI, FL 33179

Title: V (X) Change () Addition
Name: JOSEPH, RIGOBERT
Address: 1275 NE 202 ST
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALBERT JOSEPH

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date