

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075416

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: GROUND ZERO BARBER SHOP, INC.

**Current Principal Place of Business:**

8253 VALENCIA COLLEGE LANE  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 181084  
CASSELBERRY, FL 32718

**New Mailing Address:**

FEI Number: 41-2125337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORALES, SANDRA  
355 CONCORD DR.  
CASSELBERRY, FL 32707 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: MORALES, SANDRA  
Address: 355 CONCORD DR.  
City-St-Zip: CASSELBERRY, FL 32707

Title: SEC ( ) Delete  
Name: JESSE, BARRAL  
Address: 1279 HOWLAND BLVD.  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SANDRA MORALES

P

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date