


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90722 015 \*\*\*150.00

<b>DOCUMENT # P02000105417</b>			
1. Entity Name <b>BARBER STYLIST 1, INC.</b>			
Principal Place of Business <b>5972-B SW 40TH AVE. FORT LAUDERDALE, FL 33314</b>		Mailing Address <b>4922 SW 38TH WAY FORT LAUDERDALE, FL 33312</b>	
2. Principal Place of Business <b>5972 SW 40TH AVE</b>		3. Mailing Address <b>5972 SW 40TH AVE</b>	
Suite, Apt. #, etc. <b>A2</b>		Suite, Apt. #, etc. <b>A2</b>	
City & State <b>FT. Lauderdale FL</b>		City & State <b>FT. Lauderdale FL</b>	
Zip <b>33314</b>	Country <b>USA</b>	Zip <b>33314</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>RUBINOV, GEORGE 4922 SW 38TH WAY FT. LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>x George Rubi</i> <b>George Rubi</b> <b>1/19/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P,VP RUBINOV, GEORGE 4922 SW 38TH WAY FT LAUDERDALE, FL 33312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>x George Rubi</i> <b>George Rubi</b>		<b>1/19/04 954-986-4445</b> <small>Date Daytime Phone #</small>	



01152004 Chg-P CR2E034 (10/03)

4. FEI Number **05-0533281** Applied For  
Not Applicable

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