

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112222

FILED  
May 04, 2005  
Secretary of State

Entity Name: SOLUTION BARBER SHOP, INC.

## Current Principal Place of Business:

14089 W DIXIE HWY  
N MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

14089 W DIXIE HWY  
N MIAMI, FL 33161

## New Mailing Address:

FEI Number: 37-1446162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORISSEAU, MARIE S  
10850 NE 11TH AVE  
MIAMI, FL 33161 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: FRANKLIN, FRANKEL  
Address: 1031 NE 180TH TERREACE  
City-St-Zip: MIAMI, FL 33162

Title: PD ( ) Delete  
Name: MORISSEAU, MARIE S  
Address: 10850 NE 11TG AVE  
City-St-Zip: MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: MORISSEAU, MARIE S  
Address: 10850 NE 11TG AVE  
City-St-Zip: MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MORISSEAU, MARIE

PRES

05/04/2005

Electronic Signature of Signing Officer or Director

Date