2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2005 8:00 am Secretary of State **DOCUMENT # P02000118569** 02-21-2005 90055 037 ***150.00 1. Entity Name MIAMI BARBER SHOP INC. Principal Place of Business Mailing Address 40020364 16944 S.W. 144TH CT. 16944 S.W. 144TH CT. MIAMI, FL 33177 MIAMI, FL 33177 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 54-2098799 Not Applicable \$8.75 Additional 5._Certificate of Status Desired . - 🗆 __ 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent GONZALEZ, JORGE Street Address (P.O. Box Mimber is Not Acceptable) 23204 SW 177 AVE HOMESTEAD, FL 33031 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete. TITLE Change ☐ Addition GONZALEZ, JORGE NAME NAME 23204 SW 177 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33031 CITY-ST-ZIP Change TITLE ☐ Addition TITLE Defete. GONZALEZ, FELICIA NAME NAME STREET ADDRESS 23204 SW 177 AVE STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33031 CITY-ST-ZIP - Delete ☐ Change _ ☐ Addition TITLE TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Daytime Phone #