2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90188 045 ***150.00 DOCUMENT # P02000124858 1. Entity Name FOR MEN ONLY BARBER SHOP, INC. գտատ Principal Place of Business Mailing Address 2642 PALM BAY ROAD 2642 PALM BAY ROAD PALM BAY, FL 32905 PALM BAY, FL 32905 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 02-0680392 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRIANA, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2642 PALM BAY ROAD PALM BAY, FL 32905 Zip Code City FL 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 -Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE ☐ Delete ☐ Change DUCKER, HP NAME NAME STREET ADDRESS 1242 HARRY SUTTON ROAD STREET ADDRESS MELBOURNE, FL 32901 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE TRIANA, RICHARD NAME NAME 218 BORDEAUX AVE. NE STREET ADORESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP PALM BAY, FL 32907 ST ☐ Delete TITLE Change Addition TRIANA, KATHLEEN NAME NAME STREET ADDRESS 218 BORDEAUX AVE. NE STREET ADDRESS CITY - ST - ZIP PALM BAY, FL 32907 CITY-ST-ZIP Delete TITLE ☐ Channe ☐ Addition TIDE 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 COY ST ZIP HILE ☐ Delete TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME STREET ADDRESS

CITY-ST-ZIP