

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040855

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: MAGIC TOUCH BARBER SHOP INC

**Current Principal Place of Business:**

10800 NW 35TH PLACE  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

10800 NW 35TH PLACE  
LAUDERHILL, FL 33351

**New Mailing Address:**

FEI Number: 22-3904991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIXON, ALEXANDRE  
2800 W. OAKLAND PARK BLVD., #101  
OAKLAND PARK, FL 33311 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: S ( ) Delete  
Name: COSBERT, JACQUELINE  
Address: 10800 N.W. 35 PL  
City-St-Zip: SUNRISE, FL 33351

Title: P ( ) Delete  
Name: COSBERT, MICHAEL  
Address: 10800 N.W. 35 PL  
City-St-Zip: SUNRISE, FL 33351

**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: JACQUELINE COSBERT

S

04/25/2008

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

\_\_\_\_\_  
Date