

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040855

FILED
Jul 07, 2009
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

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: 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: MICHAEL COSBERT

P

07/07/2009

Electronic Signature of Signing Officer or Director

Date