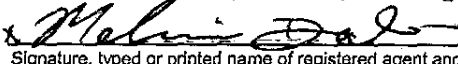



**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000079929			
1. Entity Name			
Clean Cuts Barbershop & Beauty Salon, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2660 N. University Drive Suite, Apt. #, etc.		3. Mailing Address 3146 NW 68 Street Suite, Apt. #, etc.	
City & State Sunrise, FL		City & State Fort Lauderdale, Florida	
Zip 33322	Country USA	Zip 33309	Country USA
		4. FEI Number 65-1199469	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent			
Name Melvin B. Dale			
Street Address (P.O. Box Number is Not Acceptable) 1027 W. Jasmine Lane			
		City North Lauderdale	FL Zip Code 33068
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 		Melvin B. Dale	3/28/2005
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Melvin B. Dale 1027 W. Jasmine Lane North Lauderdale, Florida 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000304250 04/14/05-80035-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio member Clifton H. Rodriguez, CPA 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Melvin B. Dale	3/28/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #