


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000090152
 1. Entity Name
 D'CABALLEROS BARBER SHOP, INC.



Principal Place of Business Mailing Address
 426 E. SAMPLE RD. 426 E. SAMPLE RD.
 POMPANO BCH, FL 33064 POMPANO BCH, FL 33064

DO NOT WRITE IN THIS SPACE



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0521894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, EDISON A
 800 NE 195TH ST., APT. 115
 MIAMI, FL 33179

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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

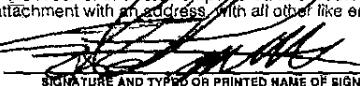
000001342247
 04/29/05-80046-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, EDISON A 800 NE 195TH ST., APT. 115 MIAMI, FL 33179
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  Date: 4/26/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR