

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000009654

1. Entity Name
BENNY'S HAIR CUT & BARBER SHOP #2 CORP



Principal Place of Business
12384 SW 127 AVE
MIAMI, FL 33186-AMAD

Mailing Address
12384 SW 127 AVE
MIAMI, FL 33186-AMAD

FILED
06 APR 27 AM 11:02

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



04192006 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-2045509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMADOR, BERNARDO A
16460 SW 144 AVE
MIAMI, FL 33177

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AMADOR, BERNARDO A
16460 SW 144 AVE
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ALVAREZ, REINA
16460 SW 144 AVE
MIAMI, FL 33177

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

000074149320
05/08/06--01014--024 **400.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Bernardo A. Amador
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 305-386-2426
Date Daytime Phone #