


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-28-2005 90204 041 ***150.00

DOCUMENT # P04000021896

1. Entity Name
B & B BARBERSHOP, INC.



Principal Place of Business
**2404 S.W. 137TH AVENUE
 MIAMI, FL 33175**

Mailing Address
**2404 S.W. 137TH AVENUE
 MIAMI, FL 33175**

66006722



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

01172005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0680348

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BULIES, NORA
 2404 S.W. 137TH AVENUE
 MIAMI, FL 33175**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when requesting)

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

9. Election Campaign Financing... **\$5.00. May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	BULIES, MIGUEL A
STREET ADDRESS	2404 S.W. 137TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VD <input type="checkbox"/> Delete
NAME	BULIES, JUAN M
STREET ADDRESS	2404 S.W. 137TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	SD <input type="checkbox"/> Delete
NAME	BULIES, NORA
STREET ADDRESS	2404 S.W. 137TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: JUAN M. BULIES  2/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #