


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 27, 2007 8:00 am
Secretary of State

03-07-2007 90020 006 ***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
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02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0680348	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
BULIES, NORA
 2404 S.W. 137TH AVENUE
 MIAMI, FL 33175

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B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** (48% Bc Added to Fees)

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BULIES, MIGUEL A 2404 S.W. 137TH AVENUE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BULIES, JUAN M 2404 S.W. 137TH AVENUE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BULIES, NORA 2404 S.W. 137TH AVENUE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: JUAN M. BULIES 03/16/07 305 552 5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #