## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P04000021896 02-21-2008 90013 032 \*\*\*150.00 1. Entity Name B & B BARBERSHOP, INC. Principal Place of Business Mailing Address 40000 2404 S.W. 137TH AVENUE 2404 S.W. 137TH AVENUE MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. "Soite,"Apt."#,"etc." Chg-P-02122008 ·CR2E034 (12/06) -\_\_\_\_\_ City & State City & State 4. FE! Number Applied For 20-0680348 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BULIES, NORA** Street Address (P.O. Box Number is Not Acceptable) 2404 S.W. 137TH AVENUE MIAMI, FL 33175 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. -Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete $\nabla \Delta$ TITLE Change ■ Addition TITLE BULIES, MIGUEL A NAME NAME STREET ADDRESS 2404 S.W. 137TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition BULIES, JUAN M NAME NAME STREET ADDRESS 2404 S.W. 137TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition NAME **BULIES, NORA** NAME STREET ADDRESS 2404 S.W. 137TH AVENUE STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 21, 2008 8:00 am