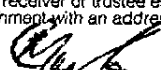


FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000114538						Secretary of State																									
1. Entity Name MILLER BARBER SHOP, INC.																															
Principal Place of Business 5636 S.W. 102ND AVE. MIAMI, FL 33173		Mailing Address 5636 S.W. 102ND AVE. MIAMI, FL 33173																													
2. Principal Place of Business		3. Mailing Address		 03302006 Chg-P CR2E034 (11/05) 4. FEI Number 73-1715738 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State		City & State																													
Zip		Country																													
6. Name and Address of Current Registered Agent CORDERO, MARLENE 5636 S.W. 102ND AVE. MIAMI, FL 33173				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 _____ 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		000000506889 04/27/06-80042-014 150.00																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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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: 				Date: 4-10-06 305-274-4633 Daytime Phone #																											