FROM : BALWANT CHEEMA PA CPA FAX NO. : 3056981329

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90421 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000015424

1. Entity Name
BATABANO BARBER SHOP, INC.

40079909

Principal Place of Business
2794 W 69TH TERR
HIALEAH, FL 33016

Mailing Address
2794 W 69TH TERR
HIALEAH, FL 33016

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: Batabano Barber Shop
Suite, Apt. #, etc.: H9
City & State:
Zip: Country:

3. Mailing Address: 7250 W 24 AVE
Suite, Apt. #, etc.: H9
City & State: Hialeah FL
Zip: 33016 Country:

4. FEI Number: 20-2254377 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CHEEMA, BALWANT
4160 W 16TH AVE SUITE 309
HIALEAH, FL 33012

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST BORGES, MARTA O 2794 W 69TH TERR HIALEAH, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #