2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033797

Entity Name: FRANCOISE'S BARBER SHOP, CORP.

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

6782 STIRLING ROAD 6782 STIRLING ROAD 9/A HOLLYWOOD, FL 33024

HOLLYWOOD, FL 33024

Current Mailing Address: New Mailing Address:

6782 STIRLING ROAD
9/A
HOLLYWOOD, FL 33024

FEI Number: 33-1117130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUARTE, FRANCOISE MDUARTE, FRANCOISE M590 SW 50TH TERR2243 MADISON STREETMARGATE, FL 33024 USHOLLYWOOD, FL 33020 US

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.

SIGNATURE: FRANCOISE DUARTE 03/23/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DUARTE, FRANCOISE M DUARTE, FRANCOISE M Name: Name: 590 SW 50TH TERR 2243 MADISON STREET Address: Address: City-St-Zip: MARGATE, FL 33024 FL City-St-Zip: HOLLYWOOD, FL 33020 FL

Title: VP () Delete Title: VP (X) Change () Addition

Name:RETTUGA, FLORIANE CName:RETTUGA, FLORIANE CAddress:590 SW 50TH TERRAddress:2243 MADISON STREETCity-St-Zip:MARGATE, FL 33024 FLCity-St-Zip:HOLLYWOOD, FL 33020 FL

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 FLORIANE, RETTUGA C

 Address:
 Address:
 2243 MADISON STREET

 City-St-Zip:
 City-St-Zip:
 HOLLWOOD, FL 33020

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 FRANCOISE, DUARTE M

 Address:
 Address:
 2243 MADISON STREET

 City-St-Zip:
 City-St-Zip:
 HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCOISE DUARTE P 03/23/2006