

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046600

FILED
Apr 23, 2008
Secretary of State

Entity Name: DISTINCT FLAVA BARBER SHOP INC.

Current Principal Place of Business:

7580 NW 186TH ST
MIAMI LAKES, FL 33015

New Principal Place of Business:

Current Mailing Address:

7580 NW 186TH ST
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 20-2647278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, KENNETH E
7580 NW 186TH STREET #101
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MILES, KENNETH E
Address: 7580 NW 186TH STREET #101
City-St-Zip: MIAMI LAKES, FL 33015

Title: V () Delete
Name: MILES, DANIELLE R
Address: 123400 MIDSUMMER LANE # 202
City-St-Zip: WOODBRIDGE, VA 22192

Title: TCFO () Delete
Name: HARLEY, ERIC E
Address: 8 CHARLICK
City-St-Zip: FREEPORT, NY 11520

Title: C (X) Delete
Name: LOGAN, QUEBEC J
Address: 3209A ZILLAH STREET
City-St-Zip: TALLAHASSEE, FL 32310

Title: SCOO (X) Delete
Name: HOLLINS, CLARENCE D
Address: 2529 CALUSA AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCOO (X) Change () Addition
Name: MILES, DANIELLE R
Address: 33 FERN OAK CIRCLE #302
City-St-Zip: STAFFORD, VA 22554

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH E MILES

PCEO

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date