2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073431

Entity Name: BARBERS PALACE SALON INC

FILED Apr 26, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
	TLANTIC BLVE)		
826 CORAL SF	PRINGS, FL 33	3071		
Current Mailing Address:			New Mailing Address:	
P O BOX 9 MARGATE	938501 E, FL 33093			
FEI Number:	: 04-3812827	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
9222 W. A	ETTE, AINSWO TLANTIC BLVI PRINGS, FL 33	D., #1335		
The above in the State	named entity s e of Florida.	submits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:			
Electronic Signature of Registered Age			ent	Date
Election Car	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CEO () BARRONETTE, P O BOX 93850 MARGATE, FL	01	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () BARRONETTE, P O BOX 93850 MARGATE, FL	01	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CEO () A BARRONETTI P O BOX93850 MARGATE, FL	1	Title: Name: Address: City-St-Zip:	() Change () Addition

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: ABARRONETTE CEO 04/26/2008