

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000124854

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** MAXIMUM POWER BARBER SHOP, INC.

**Current Principal Place of Business:**

4202 N. STATE RD. 7  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4202 N. STATE RD. 7  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number:** 20-3422009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHEL, THERMO  
2927 NW 56 AVE.  
APT E-2  
LAUDERHILL, FL 33313 US

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

MICHEL, THERMO  
3760 NW 39TH STREET  
LAUDERDALE LAKES, FL 33309 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: THERMO MICHEL

03/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BUTEAU, JEAN F  
Address: 4202 N. STATE RD. 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: P  
Name: MICHEL, THERMO  
Address: 3760 NW 39TH STREET  
City-St-Zip: LAUDERDALE LAKES, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: THERMO MICHEL

P

03/19/2012

Electronic Signature of Signing Officer or Director

Date