2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT May 02, 2007 08:00 AM Secretary of State DOCUMENT # P05000142630 1. Entity Name KENDALE LAKES BARBER SHOP INC. Principal Place of Business Mailing Address 13704 SW 84TH STREET 13704 SW 84TH STREET MIAMI, FL 33183 MIAMI, FL 33183 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04262007 Chg-P 4. FEI Number Applied For City & State City & State 59-2673980 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, RUTH Street Address (P.O. Box Number is Not Acceptable) 13704 SW 84TH STREET MIAMI, FL 33183 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change ☐ Addition TITLE TITLE NAME PEREZ, RUTH NAME STREET ADDRESS **13704 SW 84TH STREET** STREET ADDRESS U000000755982 05/23/07-80010-019<u>150.00</u> CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attacpment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07 (3ar)3856035

Change

☐ Addition

FILED