

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147227

FILED
Apr 30, 2007
Secretary of State

Entity Name: BEST CUTS UNISEX SALON INC.

Current Principal Place of Business:

189 S. STATE ROAD 7
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

189 S. STATE ROAD 7
MARGATE, FL 33068

New Mailing Address:

FEI Number: 33-1126108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, CANNIE
189 S. STATE ROAD 7
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

RUEL, KNIGHT
189 S. STATE ROAD 7
MARGATE, FL 33068 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: KNIGHT, RUEL

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: KNIGHT, EVON
Address: 750 FOREST GREEN CT
City-St-Zip: ORLANDO, FL 32828

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KNIGHT, EVON
Address: 750 FOREST GREEN CT
City-St-Zip: ORLANDO, FL 32828

Title: VP () Change (X) Addition
Name: KNIGHT, RUEL
Address: 120 SW 91 AV APT#110
City-St-Zip: PLANTATION, FL 33324

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: RUEL KNIGHT

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date