

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000158142

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** MY NEW STYLE BARBER SHOP, INC

**Current Principal Place of Business:**

10132 NW 27 AVE STE NO 2  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

10132 NW 27 AVE STE NO 2  
MIAMI, FL 33147

**New Mailing Address:**

**FEI Number:** 20-3901191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO, CRISTINO  
4570 EAST 10 AVENUE  
HIALEAH, FL 33013 US

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

CASTILLO, CRISTINO  
10132 NW 27TH AVE  
STE NO 2  
MIAMI, FL 33147 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:** CRISTINO CASTILLO

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** CASTILLO, CRISTINO  
**Address:** 10132 NW 27TH AVE STE NO 2  
**City-St-Zip:** MIAMI, FL 33147

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:** CRISTINO CASTILLO

DP

03/07/2012

Electronic Signature of Signing Officer or Director

Date