

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000160092 1. Entity Name MASTERS BARBERSHOP INC.			
Principal Place of Business 8870 CORN WAY MIAMI, FL 33165		Mailing Address 8870 CORN WAY MIAMI, FL 33165	
2. Principal Place of Business - No P.O. Box # 8870 Coral way		3. Mailing Address SAME	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State 	
Zip 33165		Country USA	
4. FEI Number 20-3916058		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREDA, ALBERTO 8870 CORN WAY MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8870 Coral way City Miami FL Zip Code 33165	
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: 7/18/07 <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREDA, ALBERTO 8870 CORN WAY MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ADDRESS ONLY) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8870 CORAL way Miami, FL, 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEREDA, CEILAR 8870 CORN WAY MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ADDRESS ONLY) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8870 CORAL way Miami, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100105547031 07/24/07--01055--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 attachment with an address, with all other like empowered.			
SIGNATURE: 7/18/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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