


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000160092 1. Entity Name MASTERS BARBERSHOP INC.	
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Principal Place of Business 8870 CORAL WAY MIAMI, FL 33165 US	Mailing Address 8870 CORAL WAY MIAMI, FL 33165 US
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DO NOT WRITE IN THIS SPACE

FILED
08 MAR 13 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3916058	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREDA, ALBERTO 8870 CORAL WAY MIAMI, FL 33165
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	700120810587 03/20/08--01012--007 **150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREDA, ALBERTO 8870 CORAL WAY MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEREDA, CEILAR 8870 CORAL WAY MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS