

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000168218

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** SUAZO'S BARBER SHOP INC.

**Current Principal Place of Business:**

2152 NW 7TH ST.  
MIAMI, FL 33125

**New Principal Place of Business:**

1687 NW 27TH AVE  
MIAMI, FL 33125

**Current Mailing Address:**

3650 NW 36TH ST.  
APT. 1009  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 20-4302211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUAZO, DAVID I  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3400, ONE BISCAYNE TOWER  
MIAMI, FL 33131 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: SUAZO, DAVID I  
Address: 3650 NW 36TH ST. APT. 1009  
City-St-Zip: MIAMI, FL 33142 US

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: DAVID I. SUAZO

DPS

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date