

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000005431

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** CLIPPER KING'S BARBER SHOP INC.

**Current Principal Place of Business:**

9151 TAFT ST.  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

9813 PINES BLVD.  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9151 TAFT ST.  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

9813 PINES BLVD.  
PEMBROKE PINES, FL 33024

**FEI Number:** 34-2059923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORTIZ, MARIA I  
1580 EAST SANDPIPER CIRCLE  
PEMBROKE PINES, FL 333026 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:** P  
**Name:** ORTIZ, ROBERT  
**Address:** 9813 PINES BLVD.  
**City-St-Zip:** PEMBROKE PINES, FL 33024

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:** ROBERT ORTIZ

PRES

05/01/2011

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

\_\_\_\_\_  
Date