

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90021 004 \*\*\*150.00

**DOCUMENT # P06000043606**

1. Entity Name  
**CARLITO'S BARBER SHOP INC.**



Principal Place of Business  
**5534 S.W. 8TH STREET  
CORAL GABLES, FL 33134**

Mailing Address  
**5534 S.W. 8TH STREET  
CORAL GABLES, FL 33134**

40007497



03272007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4616062** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LOPEZ, CARLOS  
2430 SW 127TH AVE  
MIAMI, FL 33175**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>P</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>LOPEZ, CARLOS</b>       |                                 |
| STREET ADDRESS | <b>2430 S.W. 127TH AVE</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI, FL 33175</b>     |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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]*

**CARLOS LOPEZ**

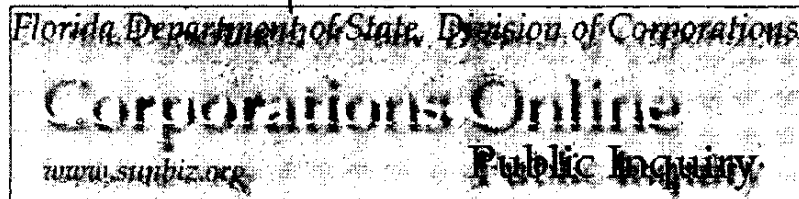
**03-27-2007**

**(305) 222-2264**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT  
40057497

## Florida Profit

## CARLITO'S BARBER SHOP INC.

## PRINCIPAL ADDRESS

5534 S.W. 8TH STREET  
CORAL GABLES FL 33134

## MAILING ADDRESS

5534 S.W. 8TH STREET  
CORAL GABLES FL 33134Document Number  
P06000043606FEI Number  
NONEDate Filed  
03/24/2006State  
FLStatus  
ACTIVEEffective Date  
NONE

## Registered Agent

| Name & Address                                       |
|--|
| LOPEZ, CARLOS<br>2430 SW 127TH AVE<br>MIAMI FL 33175 |

## Officer/Director Detail

| Name & Address   | Title |
|--|-------|
| LOPEZ, CARLOS<br>2430 S.W. 127TH AVE<br>MIAMI FL 33175 | P     |

## Annual Reports

| Report Year | Filed Date |
|-------------|------------|
|-------------|------------|

ATTACHMENT  
45057497

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No Events  
No Name History Information

#P06000043606

### Document Images

Listed below are the images available for this filing.

03/24/2006 -- Domestic Profit

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

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