

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90238 030 \*\*\*150.00

**DOCUMENT # P06000055842**

1. Entity Name  
NEW ERA BARBERSHOP, INC



Principal Place of Business  
533 NE 1ST AVENUE  
DEERFIELD BEACH, FL 33441

Mailing Address  
533 NE 1ST AVENUE  
DEERFIELD BEACH, FL 33441



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4331605

Applied For  
Not Applicable

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

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

SANTANA, ANGEL  
533 NE 1ST AVENUE  
DEERFIELD BEACH, FL 33441

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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  ANGEL SANTANA PRESIDENT 4.28.08  
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. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SANTANA, ANGEL  
STREET ADDRESS 533 NE 1ST AVENUE  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE SEC  
NAME RUIZ, RICARDO  
STREET ADDRESS 1902 SW 148TH WAY  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:  ANGEL SANTANA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.08 954.646.7300  
Date Daytime Phone #