

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2008 08:00 AM  
Secretary of State

DOCUMENT # P06000089960

1. Entity Name  
CLASSIC CUTS OF MIAMI GARDENS, FLORIDA, INC.



Principal Place of Business  
1808 NW 183RD STREET  
E  
MIAMI GARDEN, FL 33056

Mailing Address  
1808 NW 183RD STREET  
E  
MIAMI GARDEN, FL 33056



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
16-1765887

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, SONIA E  
15841 PINES BLVD  
#177  
PEMBROKE PINES, FL 33027

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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

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 SIMPSON, JOSEPH E  
STREET ADDRESS 8381 NW 24TH COURT  
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE VP  
NAME MOORE, SONIA E  
STREET ADDRESS 15841 PINES BLVD #177  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE T  
NAME SIMPSON, JOSEPH E  
STREET ADDRESS 8381 NW 24TH COURT  
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE S  
NAME MOORE, SONIA E  
STREET ADDRESS 15841 PINES BLVD #177  
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000009333387  
05/22/08-80092-018 150.00

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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

JOSEPH E. SIMPSON

4/27/08 954-326-8250

Date

Daytime Phone #