

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089960

FILED  
Mar 13, 2009  
Secretary of State

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

## Current Principal Place of Business:

1808 NW 183RD STREET  
E  
MIAMI GARDEN, FL 33056

## New Principal Place of Business:

## Current Mailing Address:

1808 NW 183RD STREET  
E  
MIAMI GARDEN, FL 33056

## New Mailing Address:

8381 NW 24TH COURT  
PEMBROKE PINES, FL 33027

FEI Number: 16-1765887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SIMPSON, JOSEPH E  
Address: 8381 NW 24TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP ( ) Delete  
Name: MOORE, SONIA E  
Address: 15841 PINES BLVD #177  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T ( ) Delete  
Name: SIMPSON, JOSEPH E  
Address: 8381 NW 24TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S ( ) Delete  
Name: MOORE, SONIA E  
Address: 15841 PINES BLVD #177  
City-St-Zip: PEMBROKE PINES, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH E. SIMPSON

PT

03/13/2009

Electronic Signature of Signing Officer or Director

Date