

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/7/2007-90002-029-\$158.75-\$158.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 20 PM 4: 27



2nd MOORE CR2E034 (4/07)

DOCUMENT # P06000090458 1. Entity Name MIAMI GARDENS BARBER SHOP, INC.					
Principal Place of Business 20332 N.W. 2ND AVE MIAMI FL 33169			Mailing Address 20332 N.W. 2ND AVE MIAMI FL 33169		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 74-3183064	
				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DAVIS, ROBERT L 20332 N.W. 2ND AVE MIAMI FL 33169			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 _____ (NOTE: Registered Agent signature required when re-elected) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒ ☒ Election Campaign Financing ☐ Trust Fund Contribution. \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPS NAME DAVIS, ROBERT L STREET ADDRESS 18110 N.W. 7TH AVE CITY-ST-ZIP MIAMI GARDENS FL 33169	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE DVPT NAME CREWS, CURTIS STREET ADDRESS 19210 N.W. 7TH COURT CITY-ST-ZIP MIAMI GARDENS FL 33169	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Robert L Davis</u> 09/01/07 ³⁰⁵ 770-1080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FET #

Block # 4 = 74-3183064