


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90024 016 ***158.75

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 # 20332 N.W. 2ND AVE		3. Mailing Address 20332 N.W. 2ND AVE, (441)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLA.		City & State MIAMI FLA.	
Zip 33169		Zip 33169	
Country DADE		Country DADE	
4. FEI Number 74-3183064		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 Robert L Davis Street Address (P.O. Box Number is Not Acceptable) 20332 N.W. 2ND AVE (441) City MIAMI FL 33169	
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 reinstating.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DAVIS, ROBERT L 18110 N.W. 7TH AVE MIAMI GARDENS FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CREWS, CURTIS 19210 N.W. 7TH COURT MIAMI GARDENS FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

DPS **4/23/08**