

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P06000090458

1. Entity Name

MIAMI GARDENS BARBER SHOP, INC.



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

05-21-2008 90024 016 ***158.75



1st MOORE CR2E034 (10/07)

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 # <i>20332 N.W. 2nd AVE</i>		3. Mailing Address <i>20332 N.W. 2nd AVE (441)</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI FLA.</i>		City & State <i>MIAMI FLA. 11</i>	
Zip <i>33169</i>	Country <i>Dade</i>	Zip <i>33169</i>	Country <i>Dade</i>
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 <i>Robert L DAVIS</i> Street Address (P.O. Box Number is Not Acceptable) <i>20332 N.W. 2nd AVE (441)</i>			
City <i>MIAMI</i> Zip Code <i>FL 33169</i>			

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 re-appointing)

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. \$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 <i>Same</i>
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 <i>Same</i>
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
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
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
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:

Robert L Davis DPS

1/23/08

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR