

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

3/5

03-27-2007 90020 019 ***150.00

DOCUMENT # P06000096695 1. Entity Name V.I.P. BARBERSHOP OF TAMPA BAY, INC.																																																																																																																													
Principal Place of Business 10412 N FLORIDA AVE TAMPA, FL 33612			Mailing Address 8730 N HIMES AVE 317 TAMPA, FL 33614																																																																																																																										
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		Country		4. FEI Number 42-1709550																																																																																																																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☒ Applied For ☐ Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent GUZMAN, JESUS H 8730 N HIMES AVE. 317 TAMPA, FL 33614				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																									
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.				FL Zip Code																																																																																																																									
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GUZMAN, JESUS H</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>8730 N HIMES AVE APT. 317 TAMPA, FL 33614</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	GUZMAN, JESUS H		STREET ADDRESS			CITY-ST-ZIP	8730 N HIMES AVE APT. 317 TAMPA, FL 33614		CITY-ST-ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP									TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: _____ 3-14-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													

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