

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112129

FILED
May 17, 2007
Secretary of State

Entity Name: BROTHERZ KUTZ BARBER SHOP, INC.

Current Principal Place of Business:

6272 MIRAMAR PKWY
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6272 MIRAMAR PKWY
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 87-0780443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE-CHAMBERLAN, MURVELEY
6272 MIRAMAR PKWY
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

WILSON, ALFRED R
6151 MIRAMAR PKWY
SUITE 106
MIRAMAR, FL 33023 US

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: ALFRED R. WILSON

05/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WATSON, ALLYSHA L
Address: 9420 CHELSEA DR
City-St-Zip: MIRAMAR, FL 33023

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: LESLIE, WAYVON E
Address: 6151 MIRAMAR PARKWAY, SUITE 106
City-St-Zip: MIRAMAR, FL 33023

Title: D () Change (X) Addition
Name: WATSON, DANIEL S
Address: 6151 MIRAMAR PARKWAY, SUITE 106
City-St-Zip: MIRAMAR, FL 33023

Title: D () Change (X) Addition
Name: WATSON, NAOMIE Z
Address: 6151 MIRAMAR PARKWAY, SUITE 106
City-St-Zip: MIRAMAR, FL 33023

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: ALLYSHA WATSON

D

05/17/2007

Electronic Signature of Signing Officer or Director

Date