

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000136837

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** HERMANOS BARBER SHOP INC

**Current Principal Place of Business:**

4123 ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

4123 ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839

**New Mailing Address:**

**FEI Number:** 20-5789560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENDEZ, JOSE M  
12627 RINGWOOD AVENUE  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

MENDEZ, JOSE M  
5859 COVINGTON COVE WAY  
ORLANDO, FL 32829 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:** JOSE MENDEZ

04/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MENDEZ, JOSE M  
**Address:** 5859 COVINGTON COVE WAY  
**City-St-Zip:** ORLANDO, FL 32829

**Title:** VP  
**Name:** MENDEZ, MIGUELINA  
**Address:** 5859 COVINGTON COVE WAY  
**City-St-Zip:** ORLANDO, FL 32829

I hereby 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 all other like empowered.

**SIGNATURE:** JOSE MENDEZ

P

04/17/2012

Electronic Signature of Signing Officer or Director

Date