

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000140950

1. Entity Name

CORTE FINO BARBER SHOP, INC.



Principal Place of Business

14558 SW 8 STREET STE 27
MIAMI, FL 33186

Mailing Address

14558 SW 8 STREET STE 27
MIAMI, FL 33186

FILED

2008 JAN -9 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-5855061

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALEJANDRO
14558 SW 8 STREET STE 27
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

[Signature]

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODRIGUEZ, ALEJANDRO
STREET ADDRESS	14558 SW 8 STREET STE 27
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DV
NAME	BORGES, ZAIDA A
STREET ADDRESS	14558 SW 8 STREET STE 27
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500115149865
01/15/08--01016--009 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-08

Date

Daytime Phone #