2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000156467

1. Entity Name
KONTROL BARBERSHOP, CORP

Principal Place of Business	Mailing Address
2828 NW 17TH AVE MIAMI, FL 33142 US	2828 NW 17TH AVE MIAMI, FL 33142 US

DO NOT WRITE IN THIS SPACE

04212008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-8082215	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MOISES
1645 NE 181 ST
NORTH MIAMI BEACH, FL 33162

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
U080000951151
06/04/08-80021-015 150.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P,VP
NAME	GONZALEZ, MOISES
STREET ADDRESS	1645 NE 181ST STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162

TITLE	S
NAME	GONZALEZ, MOISES
STREET ADDRESS	1645 NE 181 ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162

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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: X Moises Gonzalez   04/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #