


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90022 007 ***150.00

DOCUMENT # P07000012808 1. Entity Name RKD BARBER SHOP INC																																									
Principal Place of Business 5580 W 16 AVE 102 HIALEAH, FL 33012 US			Mailing Address 5580 W 16 AVE 102 HIALEAH, FL 33012 US																																						
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 																																							
Suite, Apt. #, etc. 102-103		Suite, Apt. #, etc. 102-103																																							
City & State 		City & State 																																							
Zip 		Zip 		Country 																																					
4. FEI Number 20-8155200																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent ABAD, JORGE E 15549 MIAMI LAKEWAY NORTH 305 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																						
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 _____ (NOTE: Registered Agent signature required when reinstating)																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>ABAD, JORGE E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15549 MIAMI LAKEWAY NORTH 305</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI LAKES, FL 33014</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">VP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>SEPUT, OLGA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15549 MIAMI LAKEWAY NORTH 305</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI LAKES, FL 33014</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>ABAD, DAVID E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15549 MIAMI LAKEWAY NORTH 305</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI LAKES, FL 33014</td> <td></td> </tr> </table> </div> </div>						TITLE	P	Delete	NAME	ABAD, JORGE E		STREET ADDRESS	15549 MIAMI LAKEWAY NORTH 305		CITY - ST - ZIP	MIAMI LAKES, FL 33014		TITLE	VP	Delete	NAME	SEPUT, OLGA		STREET ADDRESS	15549 MIAMI LAKEWAY NORTH 305		CITY - ST - ZIP	MIAMI LAKES, FL 33014		TITLE	P	Delete	NAME	ABAD, DAVID E		STREET ADDRESS	15549 MIAMI LAKEWAY NORTH 305		CITY - ST - ZIP	MIAMI LAKES, FL 33014	
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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: <u>Olga SePUT</u> 03/30-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									