

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

06-05-2008 90003 014 \*\*\*150.00

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|   |   |  |   |                                       |  |
|---|---|--|---|---------------------------------------|--|
| <b>DOCUMENT # P07000047094</b>  |   |  |   |                                       |  |
| <b>1. Entity Name</b><br>BINTA AFRICAN HAIR BRAIDING CENTER INC   |   |  |   |                                       |  |
| <b>Principal Place of Business</b><br>2300 SOUTH ORANGE BLOSSOM TRAIL<br>SUITE # 6<br>ORLANDO, FL 32805   |   |  | <b>Mailing Address</b><br>2300 SOUTH ORANGE BLOSSOM TRAIL<br>SUITE # 6<br>ORLANDO, FL 32805   |                                       |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>  |   |                                       |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |                                       |  |
| City & State  |   | City & State   |   |                                       |  |
| Zip   | Country                                 | Zip  | Country   | <b>4. FEI Number</b><br>26-8856327    |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |   | <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BARRIE, BINTA<br>7317 WOODRIDGE PARK DRIVE<br>APT # 3308<br>ORLANDO, FL 32818   |   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                       |  |
| <b>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.</b>  |   |  |   |                                       |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)   |   |  |   |                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 12, 2008</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>    |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |   |  |   |                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |                                       |  |
| <b>TITLE</b><br>P   | <b>NAME</b><br>BARRIE, BINTA            |  | <input type="checkbox"/> Delete   |                                       |  |
| <b>STREET ADDRESS</b><br>7317 WOODRIDGE PARK DR APT 3308  | <b>CITY-ST-ZIP</b><br>ORLANDO, FL 32818 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                       |  |
| <b>TITLE</b><br>  | <b>NAME</b>                             |  | <input type="checkbox"/> Delete   |                                       |  |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                       |  |
| <b>TITLE</b>  | <b>NAME</b>                             |  | <input type="checkbox"/> Delete   |                                       |  |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                       |  |
| <b>TITLE</b>  | <b>NAME</b>                             |  | <input type="checkbox"/> Delete   |                                       |  |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                       |  |
| <b>TITLE</b>  | <b>NAME</b>                             |  | <input type="checkbox"/> Delete   |                                       |  |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                       |  |
| <b>TITLE</b>  | <b>NAME</b>                             |  | <input type="checkbox"/> Delete   |                                       |  |
| <b>STREET ADDRESS</b>   | <b>CITY-ST-ZIP</b>                      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                       |  |
| <b>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.</b> |   |  |   |                                       |  |
| <b>SIGNATURE:</b> _____   |   |  |   |                                       |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |   |                                       |  |
| Date Daytime Phone #  |   |  |   |                                       |  |