

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132321

Entity Name: GOOD FELLAS CUTS,INC.

FILED  
Apr 15, 2008  
Secretary of State

## Current Principal Place of Business:

2795 DAVIS BOULEVARD  
NAPLES, FL 34104

## New Principal Place of Business:

2795 DAVIS BOULEVARD  
SUITE J  
NAPLES, FL 34104

## Current Mailing Address:

2795 DAVIS BOULEVARD  
NAPLES, FL 34104

## New Mailing Address:

2795 DAVIS BOULEVARD  
SUITE J  
NAPLES, FL 34104

FEI Number: 80-0172945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MALARY, BALENDO  
2795 DAVIS BOULEVARD  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

RAMOS, JUAN  
2795 DAVIS BOULEVARD  
SUITE J  
NAPLES, FL 34104 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: JUAN RAMOS

04/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: MALARY, BALENDO  
Address: 2654 53RD TERRACE SW  
City-St-Zip: NAPLES, FL 34116

Title: VPTD ( ) Delete  
Name: SANTANA, LUIS  
Address: 2654 53RD TERRACE SW  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: RAMOS, JUAN  
Address: 2795 DAVIS BOULEVARD, SUITE J  
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change ( ) Addition  
Name: RAMOS, JUAN  
Address: 2795 DAVIS BOULEVARD, SUITE J  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUAN RAMOS

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date