

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010640

Entity Name: VOLKANS BARBER SHOP, INC.

FILED  
Jan 06, 2009  
Secretary of State

**Current Principal Place of Business:**

5450 WEST HILLSBORO BOULEVARD  
SUITE 5  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5450 WEST HILLSBORO BOULEVARD  
SUITE 5  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 26-1568247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BULMUS, VOLKAN  
22415 SW 61ST WAY  
UNIT A107  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BULMUS, VOLKAN  
Address: 22415 SW 61ST WAY, UNIT A107  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VOLKAN BULMUS

D

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date