

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065195

FILED
Jun 17, 2009
Secretary of State

Entity Name: BLADEZ BARBERSHOP I CORP.

Current Principal Place of Business:

6825 PEMBROKE ROAD
PEMBROKE PINES, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

6825 PEMBROKE ROAD
PEMBROKE PINES, FL 33023 US

New Mailing Address:

FEI Number: 26-2942347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRA, LUIS A
2210 BAYBERRY DRIVE
PEMBROKE PINES, FL 33024 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARRA, LUIS A
Address: 2210 BAYBERRY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: LIRIANO, DANIEL A
Address: 1431 NW 69TH WAY
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: M () Change (X) Addition
Name: CARMONA, CHRISTIAN
Address: 4121 STIRLING RD #201
City-St-Zip: DAVIE, FL 33314

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: LUIS PARRA

P

06/17/2009

Electronic Signature of Signing Officer or Director

Date