

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079060

**FILED**  
**Jun 16, 2009**  
**Secretary of State**

**Entity Name:** D' BARBERS & TATTOO STUDIO, INC.

**Current Principal Place of Business:**

824 E. VINE STREET  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

824 E. VINE STREET  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 26-3247743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

L.L. PROFESSIONAL SERVICES, INC.  
6900 S ORANGE BLOSSOM TRAIL  
400  
ORLANDO, FL 32809 US

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

L.L. PROFESSIONAL SERVICES, INC.  
6900 S ORANGE BLOSSOM TRAIL  
408  
ORLANDO, FL 32809 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:**

06/16/2009

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: VEGA, EVELYN  
Address: 3300 SWEET JAFFA DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

**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:** EVELYN VEGA

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date