

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000005978

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** GO'S BARBER SHOP, INC.

**Current Principal Place of Business:**

4316 LEE BLVD  
4  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

4316 LEE BLVD  
SUITE 4  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

4316 LEE BLVD  
4  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

4316 LEE BLVD  
SUITE 4  
LEHIGH ACRES, FL 33971

**FEI Number:** 94-3475301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERMUDEZ, MILEYDI  
4316 LEE BLVD  
4  
LEHIGH ACRES, FL 33971 US

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

BERMUDEZ, MILEYDI  
4316 LEE BLVD  
SUITE 4  
LEHIGH ACRES, FL 33971 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/16/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BERMUDEZ, MILEYDI  
Address: 4316 LEE BLVD SUITE 4  
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby 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 all other like empowered.

SIGNATURE: MILEYDI BERMUDEZ

P

04/16/2012

Electronic Signature of Signing Officer or Director

Date