

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000049066

Entity Name: DA BARBER SHOP CORP.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

96 ESSEX AVE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

96 ESSEX AVE  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 80-0609437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALLE, KRYSTAL  
96 ESSEX AVE  
HIALEAH, FL 33010 US

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

VALLE, WILLY  
96 ESSEX AVE  
HIALEAH, FL 33010 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: WILLY VALLE

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: VALLE, KRYSTAL  
Address: 96 ESSEX AVE  
City-St-Zip: HIALEAH, FL 33010

Title: PD  
Name: VALLE, WILLY  
Address: 96 ESSEX AVE  
City-St-Zip: HIALEAH, FL 33010

Title: SD  
Name: HERMIDA, NESTOR  
Address: 96 ESSEX AVE  
City-St-Zip: HIALEAH, FL 33010

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: NESTOR HERMIDA

SD

02/17/2011

Electronic Signature of Signing Officer or Director

Date