

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000065435

**Entity Name:** ALL STAR BARBER SHOP OF CENTRAL FLORIDA INC

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2075 SAXON BLVD  
STE 108  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1165 LEEWARD DR  
DELTONA, FL 32738

**New Mailing Address:**

2075 SAXON BLVD  
STE 108  
DELTONA, FL 32725

FEI Number: 27-3168999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLON, SHEYLA  
1165 LEEWARD DR  
DELTONA, FL 32738 US

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

CRUZ, JONATHAN  
2075 SAXON BLVD  
SUITE 108  
DELTONA, FL 32725 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: JONATHAN CRUZ

01/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/T  
Name: CRUZ, JONATHAN  
Address: 986 SAXON BLVD  
City-St-Zip: DELTONA, FL 32725

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: JONATHAN CRUZ

P/T

01/12/2012

Electronic Signature of Signing Officer or Director

Date