

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000087150

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** PRO STYLEZ BARBER SHOP, INC.

**Current Principal Place of Business:**

1701 KIRK RD  
PALM SPRINGS, FL 33406

**New Principal Place of Business:**

4290 10TH AVE N  
104  
LAKE WORTH, FL 33461

**Current Mailing Address:**

1701 KIRK RD  
PALM SPRINGS, FL 33406

**New Mailing Address:**

4290 10TH AVE N  
104  
LAKE WORTH, FL 33461

**FEI Number:** 27-3816523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLANO, RAFAEL  
3800 DALE ROAD  
PALM SPRINGS, FL 33406 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOLANO, RAFAEL  
Address: 3800 DALE ROAD  
City-St-Zip: PALM SPRINGS, FL 33406

Title: VP  
Name: SOLANO, RACHAEL  
Address: 3800 DALE ROAD  
City-St-Zip: PALM SPRINGS, FL 33406

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: RAFAEL SOLANO

PRES

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date