

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000041007

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** CUTS BY MANNY BARBER SHOP, CORP

**Current Principal Place of Business:**

590 SE 12 STREET  
#103  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

5989 STIRLING ROAD  
DAVIE, FL 33314

**Current Mailing Address:**

590 SE 12 STREET  
#103  
DANIA BEACH, FL 33004

**New Mailing Address:**

5989 STIRLING ROAD  
DAVIE, FL 33314

**FEI Number:** 45-1930150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CANIZALES, KARINA  
590 SE 12 STREET  
#103  
DANIA BEACH, FL 33004 US

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

GRULLON, MANUEL  
5989 STIRLING ROAD  
DAVIE, FL 33314 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:** MANUEL GRULLON

03/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DSP  
**Name:** GRULLON, MANUEL  
**Address:** 590 SE 12 STREET #103  
**City-St-Zip:** DANIA BEACH, FL 33004

**Title:** DSP  
**Name:** CANIZALES, KARINA  
**Address:** 590 SE 12 STREET #103  
**City-St-Zip:** DANIA BEACH, FL 33004

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:** MANUEL GRULLON

DSP

03/08/2012

Electronic Signature of Signing Officer or Director

Date