

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047265

Entity Name: USA BARBER SHOP, INC.

FILED
Jan 05, 2008
Secretary of State

Current Principal Place of Business:

20265 OLD CUTLER RD.
MIAMI, FL 33189 US

New Principal Place of Business:

Current Mailing Address:

20265 OLD CUTTER
MIAMI, FL 33129 US

New Mailing Address:

FEI Number: 65-0500394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOISES A SACA, PRESIDENT
20265 OLD CUTLER RD.
MIAMI, FL 33189 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SACA, MOISES
Address: 8660 SW 212TH ST # 309
City-St-Zip: MIAMI, FL 33189

Title: S () Delete
Name: SACA, LIDIA I
Address: 8720 RIDGELAND DRIVE
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SACA, LIDIA I
Address: 20265 OLD CUTLER RD
City-St-Zip: MIAMI, FL 33189

Title: P () Change (X) Addition
Name: SACA, MOISES A
Address: 20265 OLD CUTLER RD
City-St-Zip: MIAMI, FL 33189

Title: P () Change (X) Addition
Name: SACA, MOISES A
Address: 20265 OLD CUTLER RD
City-St-Zip: MIAMI, FL 33189

Title: P () Change (X) Addition
Name: SACA, MOISES A
Address: 20265 OLD CUTLER RD
City-St-Zip: MIAMI, FL 33189

Title: P () Change (X) Addition
Name: SACA, MOISES A
Address: 20265 OLD CUTLER RD
City-St-Zip: MIAMI, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MOISES A SACA

P

01/05/2008

Electronic Signature of Signing Officer or Director

Date