

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047265

Entity Name: USA BARBER SHOP, INC.

FILED  
Apr 04, 2009  
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: 20265 OLD CUTLER RD  
City-St-Zip: MIAMI, FL 33189

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SACA, MOISES  
Address: 20200 SW 88 CT  
City-St-Zip: CUTLER BAY, FL 33189

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

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

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

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

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

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 SACA

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date