FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061712 (3)**

1. Corporation Name
SKILL HAIR SERVICES BARBER SHOP, INC.

Principal Place of Business	Mailing Address
17602 WILLOW POND DR LUTZ FL 33549	17602 WILLOW POND DR LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1994
3a. Date of Last Report: THIS IS THE FIRST

2. Principal Place of Business	2a. Mailing Address
21 3853 NORTHDALE BLVD	26 3853 NORTHDALE BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33624 Country 25 HILLSB.	Zip 29 33624 Country 30 HILLSB.

4. FEI Number: 59-3262902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SILVA, JESUS H 14743 LAKE FOREST DR LUTZ FL 33549	81 Name: JESUS SILVA 82 Street Address (P.O. Box Number is Not Acceptable): 14743 LAKE FOREST DR. 83 84 City: LUTZ FL 85 Zip Code: 33549

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name is listed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	JOAO ESQUILINO	12 NAME	
STREET ADDRESS	17602 WILLOW POND DR.	13 STREET ADDRESS	
CITY ST ZIP	LUTZ FL 33549	14 CITY ST ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	JESUS SILVA	22 NAME	
STREET ADDRESS	14743 LAKE FOREST DR.	23 STREET ADDRESS	
CITY ST ZIP	LUTZ FL. 33549	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAM	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

6/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: TREASURER - JESUS SILVA 4/21/95 (813) 265-3827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0288323 CP