

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90003 020 \*\*\*150.00

**DOCUMENT # P94000062060**

1. Entity Name  
**GABLES BEAUTY & BARBER SUPPLY, INC.**



Principal Place of Business  
**117 NW 9TH TERR  
HALLANDALE, FL 33009**

Mailing Address  
**117 NW 9TH TERR  
HALLANDALE, FL 33009**

**DO NOT WRITE IN THIS SPACE**



06132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0523764**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GOUDISS, MORTON R  
1111 LINCOLN ROAD  
SUITE 325  
MIAMI BEACH, FL 33139**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
BERN, KENNETH  
117 NW 9TH TERR  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
BERN, MARLA  
117 NW 9TH TERR  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #