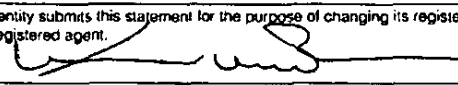
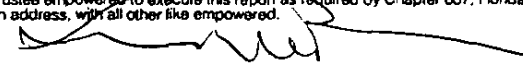


FILED
Apr 14, 2008 8:00 am
Secretary of State

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03-12-2008 90030 010 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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		
6. Name and Address of Current Registered Agent GOUDISS, MORTON R 1111 LINCOLN ROAD SUITE 325 MIAMI BEACH, FL 33139		66006590  02282008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0523764 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable
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 reissuing)		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 # _____		