


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90284 003 \*\*\*150.00

**DOCUMENT # P95000073854**

1. Entity Name  
 LE JEUNE ROAD BARBER SHOP, INC.



**14017284**



05032005 Chg-P CR2E034 (10/03)

Principal Place of Business  
~~706 SW 57 AVENUE~~ **2141 SW 67 Ave**  
 MIAMI, FL ~~33144~~ **33155**

Mailing Address  
~~706 SW 57 AVENUE~~ **2141 SW 67 Ave**  
 MIAMI, FL ~~33144~~ **33155**

2. Principal Place of Business  
**2141 SW 67 Ave.**

3. Mailing Address  
**2141 SW 67 Ave**

Suite, Apt. #, etc.

City & State  
**Miami, FL.**

City & State  
**Miami, FL.**

Zip  
**33155**

Country  
**USA**

Zip  
**33155**

Country  
**USA**

4. FEI Number  
**65-0608832**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHEZ, RICARDO**  
~~706 SW 57 AVENUE~~  
~~MIAMI, FL 33144~~

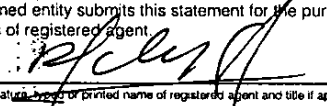
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2141 SW 67 Ave.**

City **Miami** FL Zip Code **33155**

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:  DATE: **5/3/05**

Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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	PT SANCHEZ, RICARDO <del>706 SW 57 AVENUE</del> <del>MIAMI, FL 33144</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPS</del> <del>NUNEZ, DAMIAN</del> <del>706 SW 57 AVENUE</del> <del>MIAMI, FL 33144</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2141 SW 67 Ave.</b> <b>MIAMI, FL. 33155</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-S</b> <b>SANCHEZ, RICARDO</b> <b>2141 SW 67 Ave.</b> <b>MIAMI, FL. 33155</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **5/3/05** DAYTIME PHONE #: **305-443-3901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR