


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90016 047 \*\*\*150.00

|   |   |
|---|---|
| DOCUMENT # P95000073854                           |  |
| 1. Entity Name<br>LE JEUNE ROAD BARBER SHOP, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>2141 NW 67 AVENUE<br>MIAMI, FL 33155 | Mailing Address<br>2141 NW 67 AVENUE<br>MIAMI, FL 33155 |
|---|---|

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>65-0608832                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

SANCHEZ, RICARDO  
 2141 SW 67 AVENUE  
 MIAMI, FL 33155

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

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>SANCHEZ, RICARDO<br>2141 SW 67 AVENUE<br>MIAMI, FL 33155                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS <i>Ricardo</i><br>SANCHEZ, RICARDO<br>2141 SW 67 AVENUE<br>MIAMI, FL 33155 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: *Ricardo Sanchez* 1-30-06 305 443-3901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #