2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000024596

1. Entity Name
KWAIME BEAUTY & BARBER SHOP INC.

Principal Place of Business	Mailing Address
1030 N E 215 STREET NORTH MIAMI, FL 33179 US	1030 N E 215 STREET NORTH MIAMI, FL 33179 US

DO NOT WRITE IN THIS SPACE

50007852

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0835634	Not Applicable

5. Certificate of Status Desired __ ☐ _ **$8.75** Additional_ Fee Required

6. Name and Address of Current Registered Agent

LIVERPOOL, RUTH
4974 N UNIVERSITY DR
LAUDERHILL, FL 33319

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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 1/24/05

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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HENRY, MOYSTON
STREET ADDRESS	1030 NE 215TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33179

TITLE	D
NAME	EDWARDS, ROY
STREET ADDRESS	5201 ROOSEVELT ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
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CITY-ST-ZIP	

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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 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: HENRY Moyston   1/24/05   (954) 746-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #