

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000004711		
1. Entity Name FATHER & SON HAIRCUTTERS, INC.		
Principal Place of Business 11865 SW 26TH STREET SUITE C-42 MIAMI, FL 33175	Mailing Address 11865 SW 26TH STREET SUITE C-42 MIAMI, FL 33175	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DUHARTE, MILAGROS 2512 NE 41ST AVENUE HOMESTEAD, FL 33033		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 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 NAME STREET ADDRESS CITY - ST - ZIP	D DUHARTE, ARTURO 2512 NE 41ST AVENUE HOMESTEAD, FL 33033	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUHARTE, MILAGROS 2512 NE 41ST AVENUE HOMESTEAD, FL 33033	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <i>[Signature]</i> - Milagros Duarte 4/17/06 (305) 220-0304 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0888555	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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05/05/06-80095-002 150.00

DO NOT WRITE
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