2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000050191

1. Entity Name
FLORIDA BARBER ACADEMY, INC.

Principal Place of Business

3269 N FEDERAL HWY
POMPANO BEACH, FL 33064

Mailing Address

3269 N FEDERAL HWY
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

04272006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0934877

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LOMBARDI, JACKIE
3269 N.FEDERAL HIGHWAY
POMPANO BEACH, FL 33064

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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_____

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

U00000546842
05/11/06-80132-016 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	LOMBARDI, JACKIE
STREET ADDRESS	3269 NORTH FEDERAL HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _____

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