

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000083980

1. Entity Name  
M.B. HAIRCUTTING, INC.



**FILED  
Mar 13, 2006 08:00 AM  
Secretary of State**

Principal Place of Business  
1493 S. DIXIE HIGHWAY  
LANTANA  
LANTANA, FL 33462

Mailing Address  
271 TULIPTREE DRIVE  
LANTANA  
LANTANA, FL 33462



**DO NOT WRITE IN THIS SPACE**

02052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0947104	Applied For 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

BAZILS, MARC  
271 TULIP TREE DR  
LANTANA, FL 33462

**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 re-inlisting)

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	P
NAME	BAZILS, MARC
STREET ADDRESS	271 TULIP TREE DR
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	VP
NAME	BAZILS, CAMITHE
STREET ADDRESS	271 TULIP TREE DR.
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1388081464570  
03/22/06 00001-013 150.00

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IN THIS SPACE**

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: Marc C. BAZILS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-06

Date

Daytime Phone #