

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P99000083980**

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



Principal Place of Business

1493 S. DIXIE HIGHWAY  
LANTANA  
LANTANA, FL 33462

Mailing Address

271 TULIPTREE DRIVE  
LANTANA  
LANTANA, FL 33462



04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0947104

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** 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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
P  
BAZILS, MARC  
271 TULIP TREE DR  
LANTANA, FL 33462

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000732359  
05/09/07-80042-015 150.00

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 B. Bazils  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-07  
Date Daytime Phone #