

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000111430

FILED
Apr 27, 2008
Secretary of State

Entity Name: HEAD HUNTERZ BARBER SHOP, INC.

Current Principal Place of Business:

2018 NORTHEAST 8TH STREET
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

PO BOX 924084
HOMESTEAD, FL 33092

New Mailing Address:

FEI Number: 65-0976387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUMMINGS, LEON
23145 SW. 113TH PASSAGE
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

CLEMENTS, CHEVAS
23145 SW 113TH PASSAGE
MIAMI, FL 33170 US

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.

SIGNATURE: CHEVAS V. CLEMENTS

04/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CLEMENTS, CHEVAS
Address: 2018 NORTHEAST 8TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: VM () Delete
Name: PIQUE, ARTHUR
Address: 2018 NORTHEAST 8TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PIQUE, ARTHUR
Address: 2018 NORTHEAST 8TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: V (X) Change () Addition
Name: RIVERA, SALVATORE
Address: 2018 NORTHEAST 8TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: M () Change (X) Addition
Name: PEREZ, WILLIAM
Address: 2018 N.E 8TH STREET
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR PIQUE

P

04/27/2008

Electronic Signature of Signing Officer or Director

Date