

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/4

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90002 003 \*\*\*150.00

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # V37589</b><br>1. Entity Name<br>GALT OCEAN BARBER SHOP, INC. |  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>3419 GALT OCEAN DRIVE<br>FT LAUDERDALE, FL 33308 | Mailing Address<br>3419 GALT OCEAN DRIVE<br>FT LAUDERDALE, FL 33308 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

**66026255**



02102005 No Chg-P CR2E034 (10/03)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0337798 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GILLMAN, LAWRENCE S<br>6008 LINDEN CIRCLE<br>TAMARAC, FL 33319 |
|-----------------------------------------------------------------------------------------------------------------------|

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS                         |                                                                 |
|----------------------------------------------------|-----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DO<br>ROMA LOU DI<br>3419 GALT OCEAN DRIVE<br>FT LAUDERDALE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                 |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lou Di Russo 8/18/05 954-568-1518  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #