

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000003269

**Entity Name:** MASTER KUTZ ALLSTARS, INC.

**Current Principal Place of Business:**

219 NW 36 ST  
MIAMI, FL 33127

**Current Mailing Address:**

14106 NW 17AVE  
OPALOCKA, FL 33054 US

**FEI Number: 26-4015440**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SINCLAIR, MANFRED  
14106 NW 17AVE  
OPALOCKA, FL 33054 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PVST	Title	D
Name	SINCLAIR, MANFRED	Name	SINCLAIR, MANFRED
Address	14106 NW 17AVE	Address	14106 NW 17AVE
City-State-Zip:	OPALOCKA FL 33054	City-State-Zip:	OPALOCKA FL 33054

*I hereby 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 all other like empowered.*

**SIGNATURE: MANFRED SINCLAIR**

**OWNER**

**01/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date