

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000078548

**Entity Name:** STADIUM BARBER ROOM INC

**Current Principal Place of Business:**

12050 COLLEGIATE WAY  
ORLANDO, FL 32817

**Current Mailing Address:**

12050 COLLEGIATE WAY  
ORLANDO, FL 32817 US

**FEI Number:** 27-3544512

**Certificate of Status Desired:** No

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

TORRES, WILLIAM JR  
16555 CEDAR RUN DR  
ORLANDO, FL 32828 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	P	Title	S
Name	TORRES, WILLIAM JR	Name	CARRASQUILLO, SULAY
Address	16555 CEDAR RUN DR	Address	16555 CEDAR RUN DR
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828

*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:** WILLIAM TORRES

**OWNER**

**03/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date