


**2005 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000041804  
 1. Entity Name  
 LALO'S UNISEX INC.



Principal Place of Business      Mailing Address  
 1472-A GULF TO BAY BLVD.      1628 CLEVELAND ST.  
 CLEARWATER, FL 33756      CLEARWATER, FL 33755

**DO NOT WRITE IN THIS SPACE**



04052005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3753576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 REYES, JOSE  
 4023 N ARMENIA AVENUE  
 SUITE 280  
 TAMPA, FL 33627

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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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, EFRAIN 1628 CLEVELAND ST. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, ARGELIA 1628 CLEVELAND ST. CLEARWATER, FL 33755
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1100000294109  
 04/08/05-80057-004 150.00

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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: Efrain Rodriguez      4/5/05      813-870-1440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #