

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053344

FILED
Apr 29, 2009
Secretary of State

Entity Name: DOMINICAN SISTERS UNISEX, INC.

Current Principal Place of Business:

16821 NE 15TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

16821 NE 15TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 01-0785176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSARIO ACCTG AND IMMIGRATION SERV.
16953 NE 22ND AVENUE
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARRION, MARIA D
Address: 16821 NE 15TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: VP () Delete
Name: CARRION, ANA B
Address: 16821 NE 15TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA CARRION

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date