

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006783

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: BLUE PRINT UNISEX, INC.

**Current Principal Place of Business:**

10843 NW 27TH AVE  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

10843 NW 27TH AVE  
MIAMI, FL 33167

**New Mailing Address:**

FEI Number: 20-0613791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PTD ( ) Delete  
Name: PHELPS, JOSEPH  
Address: 10843 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33167 US

Title: V ( ) Delete  
Name: PHELPS, ALATAGRACE  
Address: 10843 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33167

Title: S ( ) Delete  
Name: PHELPS, ALTAGRACE  
Address: 10843 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33167 US

Title: PTD ( ) Delete  
Name: PHELPS, JOSEPH  
Address: 10843 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33167 US

Title: V ( ) Delete  
Name: PHELPS, JOSEPH  
Address: 10843 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33167 US

Title: PTP ( ) Delete  
Name: PHELPS, JOSEPH-  
Address: 10843 NW 27TH AVE  
City-St-Zip: MIAMI, FL 33167 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: PHELPS JOSEPH

P

02/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date