

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-10-2007 90030 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # PO6000126298
1. Entity Name OLIMPIA'S BEAUTY SALON UNISEX CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5830A SW 8TH STREET Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State SAME
Zip 33144	Country USA
Zip 33144	Country USA

4. FEI Number 20-5657109	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name MUNOZ GERVASIO R	
Street Address (P.O. Box Number is Not Acceptable) 18360 SW 114TH CT	
City MIAMI	Zip Code FL 33157

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

11.

TITLE D	NAME MUNOZ GERVASIO R
STREET ADDRESS 18360 SW 114TH CT	CITY-ST-ZIP MIAMI FL 33157
TITLE D	NAME RODRIGUEZ, MARIA O
STREET ADDRESS 18360 SW 114TH CT	CITY-ST-ZIP MIAMI FL 33157
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **GERVASIO R MUNOZ PRESIDENT** **4/11/2007** **786-242-9958**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #