

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90040 021 ***150.00

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01232006 Chg-P CR2E034 (11/05)

DOCUMENT # F74168			
1. Entity Name ADAM & EVE UNISEX, INC.			
Principal Place of Business % DONNA MCATEER 10041 PINES BLVD. #B PEMBROKE PINES, FL 33024		Mailing Address % DONNA MCATEER 10041 PINES BLVD. #B PEMBROKE PINES, FL 33024	
2. Principal Place of Business % Linda Suriano-Masson Suite, Apt. #, etc. 10041 Pines Blvd #B		3. Mailing Address % Linda Suriano-Masson Suite, Apt. #, etc. 10041 Pines Blvd #B	
City & State Pembroke Pine		City & State Pembroke Pine	
Zip 33024	Country USA	Zip 33024	Country USA
4. FEI Number 59-2183881		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 MCATEER, DONNA 10041 PINES BLVD. #B PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name Suriano-masson, Linda Street Address (P.O. Box Number is Not Acceptable) 10041 Pines Blvd #B City Pembroke Pines FL Zip Code 33024	
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 <u>Linda Suriano-Masson</u> Linda Suriano-Masson 2-1-06 (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCATEER, DONNA 838 SAN REMO DR WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Suriano-masson, Linda 10041 Pines Blvd #B Pembroke Pines FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Linda Suriano-Masson</u>		2-1-06 954-295-0811	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	