


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

099
FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F95238 1. Entity Name NAVARRO SALON UNISEX, INC.	
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Principal Place of Business 1704 WEST 68TH ST HIALEAH, FL 33014-4437	Mailing Address 1704 WEST 68TH ST HIALEAH, FL 33014-4437
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03232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2213018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARADA, MIRIAM 1704 W 68 ST HIALEAH, FL 33014	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE	PD
NAME	NAVARRO, OSCAR
STREET ADDRESS	1704 WEST 68TH STREET
CITY- ST- ZIP	HIALEAH, FL 33014
TITLE	STD
NAME	PARADA, MIRIAM
STREET ADDRESS	1704 W 68 ST
CITY- ST- ZIP	HIELEAH, FL
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 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: *M. Parada* 04-27-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #