

PLEASE READ ALL INSTRUCTIONS BEFORE C

2010
CORPORATION
Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G59265

1. Corporation Name

ALEX BEAUTY SALON UNISEX, INC.

2. Principal Office Address - No P.O. Box #

2354 NW 7TH STREET

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

33125

3. Mailing Office Address

2354 NW 7TH STREET

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

33125

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 29 AM 8:42

KS

4. Date Incorporated or Qualified
To Do Business in Florida 08/11/1988

5. FEI Number
59-2327666

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARLOS ODICIO

Street Address (P.O. Box Number is Not Acceptable)

2354 NW 7TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

900183441939
07/20/10--01002--010 **150.00

900183441939
09/29/10--01003--003 **400.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

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REGISTERED AGENT MUST SIGN

Date

06/25/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--|---|--------------------|
| P | COSMIATRIA Y BELLEZA INTEGRAL YACHAYRUNA | 4790 NW 7TH STREET STE. #212 | MIAMI FL. 33125 |
| VP | CARLOS ODICIO | 2354 NW 7TH STREET | MIAMI FL 33125 |
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10. E-mail Address: CARLOSDICIO@HOTMAIL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/25/2010