

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K70000</b> 1. Entity Name <b>BEST UNISEX CORPORATION</b>		
Principal Place of Business <b>% MARINA IGLESIAS 522 S.W. 79 COURT MIAMI FL 33144-2244</b>		Mailing Address <b>% MARINA IGLESIAS 522 S.W. 79 COURT MIAMI FL 33144-2244</b>
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent  <b>IGLESIAS, MARINA 522 S.W. 79 COURT MIAMI FL 33144-2244</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0112696** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <input type="checkbox"/> Delete NAME <b>D IGLESIAS, MARINA</b> STREET ADDRESS <b>522 SW 79 CT.</b> CITY-ST-ZIP <b>MIAMI FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-ST-ZIP	<b>UN00000442107</b> <b>03/04/06-80006-004 150.00</b>
TITLE <input type="checkbox"/> Delete NAME <b>V ANSUAREZ, RENE</b> STREET ADDRESS <b>522 SW 79 CT</b> CITY-ST-ZIP <b>MIAMI FL 33144</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME <b>S ANSUAREZ, RENE M</b> STREET ADDRESS <b>522 SW 79 CT</b> CITY-ST-ZIP <b>MIAMI FL 33144</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marina Iglesias 2/15/06 205 541-138