

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

03-16-2007 90041 050 ***300.00
M58290


FILED

07 MAR 19 PH 4: 04

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E034B (8/05)

06-07

DOCUMENT # M58290	
1. Entity Name LIZ'S UNISEX BEAUTY SALON INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2509 NW 183 St. Suite, Apt. #, etc.		3. Mailing Address 2509 NW 183 Street Suite, Apt. #, etc.	
City & State MIAMI GARDENS FL		City & State MIAMI GARDENS FL	
Zip 33056	Country USA	Zip 33056	Country USA

4. FEI Number 59-2846070	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Abe BAILEY	
	Street Address (P.O. Box Number is Not Acceptable) 500 NW 183 Street	
	Suite 101	
	City MIAMI GARDENS	FL Zip Code 33056

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 *Elizabeth Allick* DATE 3/13/07
(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 AR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP Allick ELIZABETH 21220 N. Miami Ave. Miami FL 33169	TITLE NAME STREET ADDRESS CITY - ST - ZIP 3/3/21
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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: *Elizabeth Allick* DATE 3/13/07 (305) 610-4521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR