


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

P00000037646 1. Entity Name MADELIN UNISEX, INC.	
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Principal Place of Business 12814 S.W. 8 STREET MIAMI, FL 33184	Mailing Address 5361 N.W. 110 AVE. MIAMI, FL 33178
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04142004 000000 000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0999926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000 000000

6. Name and Address of Current Registered Agent GONZALEZ, ILEANA M 5361 N.W. 110 AVE. MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 000000 0000000000	U000000115895 04/16/04-80042-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ILEANA M 20 SW 58TH AVE. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LORDEN, GEMMA 20 SW 58TH AVE. MIAMI, FL 33144
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**DO NOT WRITE
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 Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: X Gemma Lorden 04/14/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #