FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -1 AM 10:35

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 03

DOCUMENT # P00000037646

1. Entity Name

MADELIN UNISEX, INC.

Principal Place of Business	Mailing Address
12814 S.W. 8 ST MIAMI FL 33184	5361 N.W. 110 AVE MIAMI FL 33178

2. Principal Place of Business	3. Mailing Address
ADDRESS	20 S.W. 58TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: ZIP CODE / Country	Zip: 33144 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0999926 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ILEANA M GONZALEZ 5361 N.W. 110 AVE MIAMI FL 33178	Name Street Address (P.O. Box Number is Not Acceptable) 20 S.W. 58TH AVE City: CITY FL Zip Code: 33144

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: Ileana M Sg Ileana M Gonzalez Pre 11/7/2003
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, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ILEANA M GONZALEZ 5361 N.W. 110 AVE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 20 S.W. 58TH AVE MIAMI FL 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GEMMA LORDEN 5361 N.W. 110 AVE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 20 S.W. 58TH AVE MIAMI FL 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100025424951 12/11/03--01050--007 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: Ileana M Sg Ileana M Gonzalez President 11/7/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

PHONE NO. :

FROM :

MADELIN UNISEX, INC.

November 25, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

RE: UBR/2003
FOLIO #P00000037646
E.I.N. 65-0999926

Please apply payment for $150.00 for MADELIN UNISEX, INC., because we never received the original correspondence from your office to pay the annual report filing fee and because of that also the officers directors of the corporation were going thru a delicate health situation, hoping that you can help in my problem.

Thank you, for your attention, and excuse me for the inconvenience.

Very Truly

X _____
ILEANA GONZALEZ, PRES