


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90002 026 \*\*\*150.00

<b>DOCUMENT # P00000117044</b> 1. Entity Name <b>SAGI'S SALON UNISEX INCORPORATED</b>																	
Principal Place of Business <b>5520 W. FLAGLER ST. MIAMI, FL 33134</b>			Mailing Address <b>1830 SW 92ND PLACE MIAMI, FL 33165</b>														
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.															
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-1071242</b>													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>6. Name and Address of Current Registered Agent</b> </td> <td colspan="3" style="padding: 5px;"> <b>7. Name and Address of New Registered Agent</b> </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>ALEJO, ROSALIA</b>  <b>1830 S.W. 92 PLACE</b>  <b>MIAMI, FL 33165</b> </td> <td colspan="3" style="padding: 5px;">         Name _____          Street Address (P.O. Box Number is Not Acceptable) _____          _____          City <b>FL</b>      Zip Code _____       </td> </tr> </table>						<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			<b>ALEJO, ROSALIA</b> <b>1830 S.W. 92 PLACE</b> <b>MIAMI, FL 33165</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> Zip Code _____		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>														
<b>ALEJO, ROSALIA</b> <b>1830 S.W. 92 PLACE</b> <b>MIAMI, FL 33165</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> Zip Code _____														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	OD ALEJO, ROSALIA 1830 SW 92ND PLACE MIAMI, FL 33165	<input type="checkbox"/> Delete															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.																	
<b>SIGNATURE:</b> <i>Rosalia Alejo</i>		Date <b>5-26-05</b> Daytime Phone # <b>786-443-1442</b>															