

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/27/2004-90004-034-\$150.00-\$150.00

DOCUMENT # P01000066217

1. Entity Name
SYNDY'S UNISEX AND CHECK CASHING CORP. Delete
Syndy's Unisex and Boutique Corp.



Principal Place of Business
1199 WEST FLAGLER ST #16
MIAMI, FL 33130
Delete

Mailing Address
1199 WEST FLAGLER ST #16
MIAMI, FL 33130
Delete

2. Principal Place of Business
2008 West Flagler st
Suite Apt. #, etc.

3. Mailing Address
2008 West Flagler st
Suite, Apt. #, etc.

City & State
Miami FL

Zip
33135

Country

07072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1117673

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MATAMOROS, ELBA M
1199 WEST FLAGLER ST #16
MIAMI, FL 33130

7. Name and Address of New Registered Agent
Name
Melvin Matamoros
Street Address (P.O. Box Number is Not Acceptable)
7140 SW 19 st
City
Miami FL Zip Code
33155

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
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATAMOROS, ELBA M 1901 NWS RIVER DR #57F MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Melvin Matamoros 7140 SW 19 st Miami, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 addresses, with all other like empowered.

SIGNATURE: *El Matamoros* **07-12-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-326-0779

FILED
04 SEP 20 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

