2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

DOCUMENT # P01000100471 1. Entity Name JACKIE BEAUTY SALON UNISEX, INC.							05-04-2004	90135 00)1 ***150	.00	
Dringing Diago of Business			Molling / ddropp							-	
Principal Place of Business		Mailing /.ddress									
2012 NE 164TH STREET		2012 NE 164TH STREET North Miami Beach, FL 33162									
NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 3				33102							
							DETEN HEN EEKN EEKN E			1891 U (AT)	
2. Principal Place of Business 3. Mailing Address			Address								
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Suite, Apt. #, etc.		Suite, /vpt. #, etc.				04292004	Chg-P	CBSEC	34 (10/03)		
						04232004	Ong i	0,120			
City & State		City & State				4. FEI Numbe				plied For	
								t Applicable			
Zip	Country	Zip		Country		5. Certificate	of Status Desired		\$8.75 Add	itional	
						L			Fee Required	<u> </u>	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
CWALL IN COLLETING M					Name .						
SWIFT, JACQUELINE M 2012 NE 164TH STREET NORTH MIAMI BEACH, FL 33162				Street A	Street Address (P.O. Box Number is Not Acceptable)						
THORITIMIZATION DENOTIFY TO SO TO Z											
				City					Zip Code		
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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.											
CIONATIDE											
SIGNATURE Signature, typed or printed name of registered agent and title it applica xie. (NOTE: Registered Agent and title it applica xie.)						when reinstating)		DATE			
FIL	E NOW!!! FEE IS \$150.00	\$5.	.00 May Be ed to Fees								
After M	ay 1, 2004 Fee will be \$550	.00	Trust Fund Contrib	oution. \square	Add	ed to Fees					
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
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NAME	SWIFT, JACQUELINE M		□ Delete	NAME					[] Grange	☐ Monton	
STREET ADDRESS	1550 N.E. 191 STREET, APT. 1	03		STREET ADDRESS							
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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 ampowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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