

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

|                                                                      |                                                                                   |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000026358</b>                                       |  |
| <b>1. Entity Name</b><br><b>GEMELAS BEAUTY PARLOUR UNISEX ,CORP.</b> |                                                                                   |

|                                                                                                             |                                                                                         |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br><b>2451 WEST 68 STREET</b><br><b>BAY 3</b><br><b>HIALEAH FL 33016</b> | <b>Mailing Address</b><br><b>9299 NW 121 TERRACE</b><br><b>HIALEAH GARDENS FL 33018</b> |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|



|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip Country                           | Zip Country               |

1st MOORE CR2E034 (10/05)

|                                           |                                                     |
|-------------------------------------------|-----------------------------------------------------|
| <b>4. FEI Number</b><br><b>33-0999024</b> | Applied For<br><input type="checkbox"/> Not Applied |
|-------------------------------------------|-----------------------------------------------------|

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|------------------------------------------------------------------|---------------------------------------|

|                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>RIVERO, DANIA</b><br><b>9299 NW 121 TERRACE</b><br><b>HIALEAH GARDENS FL 33018</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |
|----------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |
| Name                                               |
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                            |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                              |
|-------------------------------------------------------|---------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
| <b>TITLE</b><br><b>P</b>                              | <input type="checkbox"/> Delete | <b>TITLE</b>                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>NAME</b><br><b>RIVERO, DANIA</b>                   |                                 | <b>NAME</b>                                           |                                                              |
| <b>STREET ADDRESS</b><br><b>9299 NW 121 TERRACE</b>   |                                 | <b>STREET ADDRESS</b>                                 |                                                              |
| <b>CITY-ST-ZIP</b><br><b>HIALEAH GARDENS FL 33018</b> |                                 | <b>CITY-ST-ZIP</b>                                    |                                                              |
| <b>TITLE</b><br><b>V</b>                              | <input type="checkbox"/> Delete | <b>TITLE</b>                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>NAME</b><br><b>ROBAINA, RICARDO</b>                |                                 | <b>NAME</b>                                           |                                                              |
| <b>STREET ADDRESS</b><br><b>9299 NW 121 TERRACE</b>   |                                 | <b>STREET ADDRESS</b>                                 |                                                              |
| <b>CITY-ST-ZIP</b><br><b>HIALEAH GARDENS FL 33018</b> |                                 | <b>CITY-ST-ZIP</b>                                    |                                                              |
| <b>TITLE</b>                                          | <input type="checkbox"/> Delete | <b>TITLE</b>                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>NAME</b>                                           |                                 | <b>NAME</b>                                           |                                                              |
| <b>STREET ADDRESS</b>                                 |                                 | <b>STREET ADDRESS</b>                                 |                                                              |
| <b>CITY-ST-ZIP</b>                                    |                                 | <b>CITY-ST-ZIP</b>                                    |                                                              |
| <b>TITLE</b>                                          | <input type="checkbox"/> Delete | <b>TITLE</b>                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>NAME</b>                                           |                                 | <b>NAME</b>                                           |                                                              |
| <b>STREET ADDRESS</b>                                 |                                 | <b>STREET ADDRESS</b>                                 |                                                              |
| <b>CITY-ST-ZIP</b>                                    |                                 | <b>CITY-ST-ZIP</b>                                    |                                                              |
| <b>TITLE</b>                                          | <input type="checkbox"/> Delete | <b>TITLE</b>                                          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>NAME</b>                                           |                                 | <b>NAME</b>                                           |                                                              |
| <b>STREET ADDRESS</b>                                 |                                 | <b>STREET ADDRESS</b>                                 |                                                              |
| <b>CITY-ST-ZIP</b>                                    |                                 | <b>CITY-ST-ZIP</b>                                    |                                                              |

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04/27/06-80055-006 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Ricardo Robaina **4/10/06 (305) 819-301**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #