


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90247 044 ***150.00

DOCUMENT # P02000036852 1. Entity Name PAULA UNISEX BEAUTY SALON CORP.					
Principal Place of Business 11398 W FLAGLER ST MIAMI FL 33174			Mailing Address 11398 W FLAGLER ST MIAMI FL 33174		
2. Principal Place of Business 11398 W FLAGLER ST		3. Mailing Address 11398 W FLAGLER ST			
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 02-0579600	
Zip 33174		Country 33174		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ALVAREZ, REMBERTO 1195 NW 123RD CT. MIAMI, FL 33182			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11151 SW 7TH TERR City MIAMI FL Zip Code 33174		
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ALVAREZ, REMBERTO 1195 NW 123RD COURT MIAMI, FL 33182	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALACIOS, PAULA Z 1195 NW 123RD COURT MIAMI, FL 33182	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>PAULA UNISEX BEAUTY SALON CORP.</u> 04/29/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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