

**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000041804

1. Entity Name  
LALO'S UNISEX INC.



Principal Place of Business  
1472-A GULF TO BAY BLVD.  
CLEARWATER, FL 33756

Mailing Address  
1628 CLEVELAND ST.  
CLEARWATER, FL 33755



**DO NOT WRITE IN THIS SPACE**

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3753576

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

REYES, JOSE  
4023 N ARMENIA AVENUE  
SUITE 280  
TAMPA, FL 33627

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME RODRIGUEZ, EFRAIN  
STREET ADDRESS 1628 CLEVELAND ST.  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE S  
NAME RODRIGUEZ, ARGELIA  
STREET ADDRESS 1628 CLEVELAND ST.  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

1000000294109  
04/08/05-80057-004 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/05 813-870-1440