2007 FOR PROF CORPORATION ANNUA EPORT

DOCUMENT # P020000

1. Entity Name LALO'S UNISEX INC.

Principal Place of Business Mailing Address

1472-A GULF TO BAY BLVD. CLEARWATER, FL 33756 1628 CLEVELAND ST. CLEARWATER, FL 33755 FILED
May 03, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

 04302007
 No Chg-P
 CR2E034 (11/05)

 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

RODRIQUEZ, EFRAIN 1628 CLEVELAND ST. CLEARWATER, FL 33755

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 it applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000758235 05/23/07-80103-024 150.00

| Aitoi may 1, 2007 100 Will be 4000.00 | | | |
|--|---|--|--|
| 10. | OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RODRIGUEZ, EFRAIN 1628 CLEVELAND ST. CLEARWATER, FL 33755 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RODRIGUEZ, ARGELIA 1628 CLEVELAND ST. 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 | | | |
| | certify that the information supplied with this filing does not qualify for the e | | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of 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 TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

727-298-8/21

Daytima Phone #