

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043626

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: NILDA'S BEAUTY SALON UNISEX, CORP.

**Current Principal Place of Business:**

8325 WEST 24TH AVE., BAY #3  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8325 WEST 24TH AVE., BAY #3  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 02-0586547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAVIESO, NILDA LUZ  
2255-2 W 69 STREET  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRAVIESO, NILDA LUZ  
Address: 5779 NW 151TH TERRACE  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TRAVIESO, NILDA LUZ  
Address: 8325 W 24TH AVENUE #3  
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NILDA L. TRAVIESO

P

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date