## 2004-FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # P02000047491 1. Entity Name NUEVO SIGLO BEAUTY SALON UNISEX, INC. Principal Place of Business Mailing Address 1833 SW 8TH STREET 1833 SW 8TH STREET MIAMI, FL 33135 MIAMI, FL 33135 04142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1040154 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALONSO, NIURKA DO NOT WRITE 1833 SW 8TH STREET MIAMI, FL 33135 IN THIS SPACE 8. The above named entity sy nits 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 regist nted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 0000000124164 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 04/22/04-88032-823 150.00 Added to Fees OFFICERS AND DIRECTORS 10. THEF NAME ALONSO, NIURKA 1833 SW 8TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 TITLE NAME STREET ADDRESS CITY-57-23P BILE MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP

with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information it 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 ripowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if s, with all other like empowered. 12. I hereby certify that the information a indicated on this report or suppleme of the corporation or the regeiver or changed, or on an attachment with a

SIGNATURE: A

THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY - ST - ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**