2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** May 03, 2004 08:00 AM **DOCUMENT # P02000057958 Secretary of State** 1. Entity Name YAORAMI'S UNISEX CO. Principal Place of Business Mailing Address 11022 W FLAGLER STREET 11022 W FLAGLER STREET MIAMI, FL 33174 MIAMI, FL 33174 CR2E034 (10/03) 03302004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0428777 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, YANNET DO NOT WRITE **329 NW BLVD** MIAMI, FL 33126 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GONZALEZ, YANNET NAME STREET ADDRESS 329 NW BLVD CITY-ST-ZIP MIAMI, FL 33126 .0000001148642 .05/03/04-80155-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

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: \_

CITY-ST-ZIP TITLE NAME STREET ADDRESS CETY-ST-ZEP TITLE MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR