


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

06-17-2004 90001 031 \*\*\*150.00

<b>DOCUMENT # P03000029890</b>	
1. Entity Name <b>MARBELLA SALON UNISEX, INC</b>	

Principal Place of Business <b>142 EAST 45 STREET HIALEAH, FL 33013</b>	Mailing Address <b>142 EAST 45 STREET HIALEAH, FL 33013</b>
--------------------------------------------------------------------------------	--------------------------------------------------------------------

**54057720**



2. Principal Place of Business <b>4650 Palm Ave</b>	3. Mailing Address <b>305 W 13 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05132004 Chg-P CR2E034 (10/03)

City & State <b>Hialeah, FL</b>	City & State <b>Hialeah FL</b>
Zip <b>33012</b>	Zip <b>33010</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>Tax ID # 05-0568968</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------------------	--------------------------------------------------------

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

6. Name and Address of Current Registered Agent <b>RAMIREZ, GONZALO 142 EAST 45 STREET HIALEAH, FL 33013</b>	
-------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GONZALO, RAMIREZ 142 EAST 45 STREET HIALEAH, FL 33013</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gonzalo Ramirez P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>305 W 13 STREET HIALEAH FL 33010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

**SIGNATURE:**  **5/15/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #