

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 8:00 am
Secretary of State

01-07-2004 90030 014 ***158.75

DOCUMENT # P03000052309

1. Entity Name
KARISMA BEAUTY SALON - UNISEX, INC.



44000169

Principal Place of Business
**1326 EAST 4TH AVENUE
HIALEAH, FL 33010**

Mailing Address
**1326 EAST 4TH AVENUE
HIALEAH, FL 33010**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

01032004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0782210

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBOTTI, ADELE
1326 EAST 4TH AVENUE
HIALEAH, FL 33010**

7. Name and Address of New Registered Agent

Name **ADIS ISABEL GUERRERO**

Street Address (P.O. Box Number is Not Acceptable)
8724 NW 109 TERRACE

City **HIALEAH GARDENS** FL Zip Code **33018**

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 *x Adis Q Guerrero* DATE **01/03/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROBOTTI, ADELE 1326 EAST 4TH AVENUE HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ADIS ISABEL GUERRERO 8724 NW 109 TERRACE HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ARNALDO ALPIO DOMINGUEZ 18448 NW 56 AVENUE MIAMI, FL 33055 <input type="checkbox"/> Change <input checked="" 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 |
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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: *x Adis Q Guerrero* DATE: **01/03/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR