

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90028 039 ***158.75

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03202006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000056602					
1. Entity Name KARELY UNISEX BEAUTY SALON, CORP.					
Principal Place of Business 6774 PEMBROKE ROAD PEMBROKE PINES, FL 33023			Mailing Address 6774 PEMBROKE ROAD PEMBROKE PINES, FL 33023		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0472778	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NUNEZ DE LA CRUZ, ELIZABETH M 6774 PEMBROKE ROAD PEMBROKE PINES, FL 33023			Name NUNEZ, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 1617 SW 116 AVE City PEMBROKE PINES FL Zip Code 33025		
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 <i>X Carmen Arellano</i>			CARMEN ARELLANO, PRESIDENT		3-20-06
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUNEZ DE CRUZ, ELIZABETH M		NAME		
STREET ADDRESS	1573 SW 116TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 330253757		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUNEZ, CARMEN TH A		NAME	PRESIDENT, D ARELLANO, CARMEN	
STREET ADDRESS	1617 SW 116TH AVE		STREET ADDRESS	1617 SW 116 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 330255710		CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VP, D NUNEZ, MIRIAM	
STREET ADDRESS			STREET ADDRESS	1617 SW 116 AVE	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>X Carmen Arellano</i>			CARMEN ARELLANO		3-20-06 954-983-9974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #