2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # P03000056602 1. Entity Name KARELY UNISEX BEAUTY SALON, CORP.								7 90051 021 ***1	150.00
Principal Place of Business 6774 PEMBROKE ROAD PEMBROKE PINES, FL 33023		Mailing Address 6774 PEMBROKE ROAD PEMBROKE PINES, FL 33023		•	`.	1. //-	03406 03406	II BBIBI BIKA BIKA BIKA BBIB BBIB	OLIDOS III 100k
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022007	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Numbe 51-0472		⊢ ———	oplied For ot Applicable	
Zip	Country	Zip Count		try		5. Certificate	of Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Ĭ		7. Name and	Address of New R	legistered Agent	
				Name	7	fore			
NUNEZ, MIRIAM 1617 SW 116 AVE PEMBROKE PINES, FL 33025				Street Address (P.O. Box Number is Not Acceptable)					
PEMBRORE PINES, FL 33025				AT # 108					
				City PENBLOKE PINT FL Zip Code 33021					
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s register	ed office or r	registered	d agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE 1 GOMON Arellano OWNEN 4-30-07 Signature, typed or printed name of registered agent and latte if applicable. (NOTE: Registered Agent signature required when remistaling) DATE									
	Signature, typed or printed harrie or registered agen	Tario and il applicable. (NC	ic negistere	O Agent signatur	re required wi	ueu teuzisikiği		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE	i	PD	-/ / 4		Change	Addition
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NAME	NUNEZ, MIRIAM	L Delete	NAM	1			inian		☐ AQUITOR
STREET ADDRESS	1617 SW 116 AVE ST			ET ADDRESS					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Certify that the information supplied with	□ Delete	STRE CITY TITLE NAM STRE CITY	ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP		Observation	Flacial Co.		

Inereby certify that the information supplied with this filling 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: + COMON Axelano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30107