

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2007 90051 021 ***150.00

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**

40103406



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02022007 Chg-P CR2E034 (12/06)

4. FEI Number
51-0472778

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**NUNEZ, MIRIAM
1617 SW 116 AVE
PEMBROKE PINES, FL 33025**

7. Name and Address of New Registered Agent
Name **SAVE**
Street Address (P.O. Box Number is Not Acceptable)
1280 SW 101 TERR
Apt. # **108**
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 **Carmen Arellano, owner** DATE **4-30-07**

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, 2007 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 ARELLANOS, CARMEN 1617 SW 116 AVE PEMBROKE PINES, FL 330255710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARELLANOS, CARMEN 1280 SW 101 TERR APT 108 PEMBROKE PINES FL 33025-5710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NUNEZ, MIRIAM 1617 SW 116 AVE PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NUNEZ, MIRIAM 1280 SW 101 TERR APT 108 PEMBROKE PINES FL 33025 <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
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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 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: **Carmen Arellano** DATE **4-30-07** DAYTIME PHONE # **954-983-9974**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR