

2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-16-2008 90123 001 ***150.00

06-16-2008 90123 002 *****8.75


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06022008 Chg-P CR2E034 (12/06)

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|--|----------------------------------|---|--|---|-----------------------------------|
| DOCUMENT # P03000063002 | | | |  | |
| 1. Entity Name UNIQUE HAIR & NAILS SALON CORP. | | | | | |
| Principal Place of Business 7455 COLLINS AVE # 202 MIAMI BEACH, FL 33141 | | | Mailing Address 7455 COLLINS AVE # 202 MIAMI BEACH, FL 33141 | | |
| 2. Principal Place of Business - No P.O. Box # 7455 Collins Ave | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. # 202 | | | Suite, Apt. #, etc. | | |
| City & State MIAMI BEACH | | | City & State | | |
| Zip 33141 | | Country FLORIDA | | 4. FEI Number 20-0430689 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 8. Name and Address of Current Registered Agent MARTINEZ, IRENE 7455 COLLINS AVE # 202 MIAMI BEACH, FL 33141 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | Zip Code | |
| 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>Irene Martinez</i> DATE 06/13/2008 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARTINEZ, IRENE | | NAME | | |
| STREET ADDRESS | 7940 WEST DRIVE APT 17 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH BAY VILLAGE, FL 33141 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | VAZQUEZ, SANDRA | | NAME | | |
| STREET ADDRESS | 1301 NE MIAMI GARDENS DR #1724 W | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33179 | | 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 | | |
| 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 | | |
| 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>Irene Martinez</i> DATE: 06/13/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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