2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/1/2005-90023-045-$150.00-$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 26 AM 11:56

DOCUMENT # P04000122735

1. Entity Name
ANNA'S UNISEX BEAUTY SALON INC.

Principal Place of Business	Mailing Address
BBB SHOPPING PLAZA SECOND FLOOR 11494 S.W. QUAIL ROOSE DRIVE MIAMI, FL 33157	BBB SHOPPING PLAZA SECOND FLOOR 11494 S.W. QUAIL ROOSE DRIVE MIAMI, FL 33157
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08272005 Chg-P CR2E034 (10/03)

4. FEI Number 80-0121251 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUERRERO, ANA 20300 SW 114 AVENUE MIAMI, FL 33189	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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__________
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRERO, ANA 20300 SW 114 AVENUE MIAMI, FL 33189 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Ana Guerrero / ANA Guerrero / 8-27-05 / 305-2518217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #