


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90014 044 ***158.75

DOCUMENT # P05000117371	
1. Entity Name BARBERIA UNISEX "EL NICA", CORP.	

Principal Place of Business 8186 NW 99 TERRACE HIALEAH GARDENS FL 33016	Mailing Address 8186 NW 99 TERRACE HIALEAH GARDENS FL 33016
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2. Principal Place of Business 7751 W. 28 Avenue	3. Mailing Address 8186 NW 99 Terrace
Suite, Apt. #, etc. Suite #7	Suite, Apt. #, etc. Hialeah Gardens
City & State Hialeah, FL	City & State Hialeah Gardens, FL
Zip 33016	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 20-3356053	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORES, SERGIO RAMON 8186 NW 99 TERRACE HIALEAH GARDENS FL 33016	
7. Name and Address of New Registered Agent	
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 ☒ *Sergio R. Flores* (NOTE: Registered Agent signature required when reinstating) DATE **1/26/06**

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLORES, SERGIO RAMON 8186 NW 99 TERRACE HIALEAH GARDENS FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FLORES, MARIA E. 8186 NW 99 TERRACE HIALEAH GARDENS FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ☒ *Sergio R. Flores* **1/26/06 (305) 512-9631**