

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000117371

1. Entity Name
BARBERIA UNISEX "EL NICA", CORP.



Principal Place of Business

7751 W. 28 AVE.
SUITE #7
HIALEAH GARDENS, FL 33016

Mailing Address

8186 NW 99 TERRACE
HIALEAH GARDENS, FL 33016



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3356053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, SERGIO RAMON
8186 NW 99 TERRACE
HIALEAH GARDENS, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FLORES, SERGIO RAMON
8186 NW 99 TERRACE
HIALEAH GARDENS, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
FLORES, MARIA E.
8186 NW 99 TERRACE
HIALEAH GARDENS, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000680982
04/04/07-80024-010 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

X Sergio R Flores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-07 305-828-4788
Date Daytime Phone #