

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000127238

1. Entity Name
UNIQUE HAIR LOUNGE, INC.



Principal Place of Business
**9251 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**

Mailing Address
**9251 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3827374

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DE LOS SANTOS, SIXTO
7333 FOREST COURT
ORLANDO, FL 32835**

**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 Sixto de los Santos [Signature] 4-27-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE LOS SANTOS, ANA
STREET ADDRESS	7333 FORESTWOOD CT.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	SEC.
NAME	DE LOS SANTOS, ANA
STREET ADDRESS	7333 FORESTWOOD CT.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	TREA
NAME	DE LOS SANTOS, ANA
STREET ADDRESS	7333 FOREST COURT
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/28/08-80088-007 150.00

**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: ANA DE LOS SANTOS [Signature] 4-27-08 407-859-7702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #