## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000160087

1. Entity Name

UNI BEAUTY OUTLET, INC.

Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90375 040 \*\*\*150.00

**FILED** 

Principal Place of Business

Mailing Address

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2400 SW COLLEGE ROAD #504 OCALA, FL 34474

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04182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 27-0134125

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YEO, SANG DUK 2400 SW COLLEGE ROAD #504 OCALA, FL 34474

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

| 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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.   |   |       |  | \$5.00 May Be<br>Added to Fees |            |
| 10.   | OFFICERS AND DIREC  | CTORS |  |                                |            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>YEO, SANG DUK<br>2400 SW COLLEGE ROAD #504<br>OCALA, FL 34474  |       |  |                                |            |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   | D<br>LIM, YOUNG HEE<br>2400 SW COLLEGE ROAD #504<br>OCALA, FL 34474 |       |  |                                |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |       |  | DO                             | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |       |  | IN '                           | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |       |  |                                |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |       |  |                                |            |
| 12. I hereby certify that the information supplied with this filling 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. |   |       |  |                                |            |