FOR PROFIT CORPORATION **LINIFORM BUSINESS REPORT (LIBR)**

FILED Apr 03, 2008 8:00 am Secretary of State

| DOCUMENT # P06000126298 | | | | 04-03-2008 90025 033 ***150.00 | |
|--|---|---|--|--|--|
| 1. Entity Name | 1 000001202 | | | | |
| | UNISE | × | | • | |
| OLIMPIA'S BEAUTY S | SALON UNIXEX COI | RP | , | | |
| | | | The same of the same | | |
| DO N | OT WRITE | E IN THIS S | SPACE | 40058068 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| 5830A SW 8TH ST Suite, Apt. #, etc. | | SAME Suite, Apt. #, etc. | | DO NOT WRITE IN TH | IS SPACE |
| | | | | | IO OI AOL |
| City & State MIAMI, FL | | City & State SAME | | 4. FEI Number | Applied For |
| Zip | Country | Zip | Country | 20-5657109 | Not Applicable \$8.75 Additional |
| 33144 | USA | 33144 | USA | 5. Certificate of Status Desired | Fee Required |
| and the | | | | me and Address of Current Regis | stered Agent |
| | | | Name MUNOZ, GEF | RVASIO R | |
| | | | | fress (P.O. Box Number is Not Acc | eptable) |
| | N THIS SF | PACE | 18360 SW 11 | | |
| | | | in the state of th | | |
| | | | City | FL | Zip Code |
| 8. The above name | l entity submits this s | tatement for the nume | MIAMI | | 33157 |
| 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 | | | | | |
| Signat | ure, typed or printed name | of registered agent and title it | f applicable. (NOTE: Regis | stered Agent signature required when reinstat | ing) DATE |
| | # May 1 Fee is \$150 | | | 0.5 | · - · · |
| Aner M | ay 1, Fee is \$550.00 ded UBR is \$61.25 | | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| Make Check Payabi | <u>e to Florida Departr</u> | nent of State | | Tradit and Containation. | |
| TITLE | OFFICERS A | ND DIRECTORS | 11. | · · · · · · · · · · · · · · · · · · · | 4.0 |
| NAME | MUNOZ GERVASIO R. | | NAME | | |
| STREET ADDRESS | 18360 SW 114TH CT | | STREET ADDRES | s · | |
| CITY-ST-ZIP TITLE | MIAMI FL 33157 | | CITY-ST-ZIP | | |
| NAME | RODRIGUEZ, MARIA O | | NAME . | No. | |
| STREET ADDRESS CITY-ST-ZIP | 18360 SW 114TH CT MIAMI FL 33157 | | STREET ADDRES | | |
| TITLE | INITANI I L 00107 | | CITY-ST-ZIP | | * · · · · · · · · · · · · · · · · · · · |
| NAME | | | -NAME | | أأن معاض العميم بالعبر المحم |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRES | | VRITE |
| TITLE | | | TITLE . | to the second | |
| NAME STREET ADDRESS | | | STREET ADDRES | IN THIS S | PACE |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | *** |
| TITLE NAME | | | FUTURE: P. | | |
| STREET ADDRESS | | | ∠ NAME STREET ADDRES | st l | |
| CITY-ST-ZIP | | <u> </u> | CITY-ST-ZIP - | المراجعة الم | ** * * * * * * * * * * * * * * * * * * |
| TITLE NAME - | | • | TITLE | and the state of t | The second secon |
| STREET ADDRESS | | | NAME STREET ADDRES | To the programment of the first | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 1∠. I hereby certify that certify that the information | the information supplied nation indicated on this | I with this filing does not report or supplemental r | qualify for the exemption | stated in Section 119.07(3)(i), Florida 3 | 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 on an attachment with an address, with all other like empowered. | | | | | |
| l idet | | | | | |
| SIGNATURE: | <u> </u> | MUNOZ GEF | | 2/12/2008 | 786-271-1817 |
| SIGN | ATURE AND TYPED O | R PRINTED NAME OF | SIGNING OFFICER OR D | | Daytime Phone # |