

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-03-2008 90025 033 ***150.00

DOCUMENT # P06000126298
1. Entity Name <i>UNISEX</i> OLIMPIA'S BEAUTY SALON UNIXEX CORP

DO NOT WRITE IN THIS SPACE

40058068

2. Principal Place of Business 5830A SW 8TH ST Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State SAME
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4. FEI Number 20-5657109	Applied For Not Applicable
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Zip 33144	Country USA	Zip 33144	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MUNOZ, GERVASIO R.	
Street Address (P.O. Box Number is Not Acceptable) 18360 SW 114TH CT	
City MIAMI	Zip Code FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNOZ GERVASIO R. 18360 SW 114TH CT MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARIA O 18360 SW 114TH CT MIAMI FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MUNOZ GERVASIO R** **2/12/2008** **786-271-1817**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #