## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 08:00 AN Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE VPS ABREU, ROMULO TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADR	DOCUMENT # P07000017420  1. Entity Name RAYMOND UNISEX SALON, CORP.					Secretary of State				
1615 NW 128TH ST N MAMI, FL 33167	Principal Plac	ce of Business	Mailing Address	-		†				
Suite, Apt. #, etc.	1615 NW 128TH ST		1615 NW 128TH ST	1615 NW 128TH ST						
City & State	2. Principal I	Place of Business - No P.O Box #	3. Mailing Address	3. Mailing Address						
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03162008	Chg-P	CR2E	34 (12/06)	
S. Certificate of Status Desirant   Foe Regulated   Foe Regula	City & State		City & State		4. FEI Number	r		<del></del>	<del></del>	
Name	Zip			Country		5. Certificate of	of Status Desired			
Sireer Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	7. Name and	Address of New Re	gistered .	Agent				
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.  Significant hoteo or printed named of registered agent and their applicable.  PILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INT 1  TITLE  PT  GOMEZ, RAMON  STREET ADDRESS  1615 NW 128TH ST  NAME  ABREU, ROMULO  1701 NW 2ND PLACE  STREET ADDRESS  CITY-ST-2P  TITLE  ABREU, ROMULO  1701 NW 2ND PLACE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  STREET ADDRESS  CITY-ST-2P  DELET  TITLE  DELET  STREET ADDRESS  CITY-ST-2P  DELET  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  TITLE  STREET ADDRESS  CITY-ST-2P  TITLE  STREET ADDRESS  CITY-ST-2P  ADDITIONS/CITY-ST-2P  ADDITIONS/CITY-ST-2P  ADDITIONS/CITY-ST-2P  ADDITIONS/CITY-ST-2P  ADDITIONS/CITY-ST-2P  ADDITIONS/CITY-ST-2P  ADDITIONS/CITY	1615 NW	128TH ST								
Signature				City			FL	Zip Cod	e	
System   Nyelo or princed rame of registered agent and size of applications   A			or the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Flor	ida Iam	familiar with,	and accept
### After May 1, 2008 Fee will be \$550.00    Trust Fund Contribution.	SIGNATURE.		and trie if applicable (NOTE	E· Registere	d Agent signature required	when reinstating)		DATE		
TITLE NAME GOMEZ, RAMON GOMEZ,	FILE NOTHIN FEE 13 3 130,000				~ +	ed to Fees	U0000094	<del>1</del> 2625	ነውው ቀድል	00
NAME STREET ADDRESS CITY-ST-2P TITLE ABREU, ROMULO TYPOI NW 2ND PLACE MIAMI GARDENS, FL 33169 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET	10.		DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFIC	ERS AND	DIFECTOR!	3 N 1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AD	NAME STREET ADDRESS CITY-ST-ZIP	GOMEZ, RAMON 1615 NW 128TH ST N MIAMI, FL 33167		nami Stre City	E ET ADDRESS -ST-ZIP				-	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ABREU, ROMULO 17901 NW 2ND PLACE		NAMI STRE	E ET ADDRESS			•		☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		□ Dølete	NAME STREE	E ET ADDRESS				☐ Change	Addition
NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	name Street adoress		☐ Delete	NAME STREE	ET ADDRESS				☐ Change	Addition
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	NAME STREET ADDRESS CITY-ST-ZIP			NAME Stree City	ET ADDRESS ST-ZIP					Addition

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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

1/24/08 (805)401-671