


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 22, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000046200</b> 1. Entity Name <b>SUCCESS HAIR DESIGNED UNISEX, INC.</b>	
---	---

Principal Place of Business  
**487 EAST 49TH STREET  
HIALEAH, FL 33013**

Mailing Address  
**487 EAST 49TH STREET  
HIALEAH, FL 33013**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0501329</b>	Applied For <input type="checkbox"/> 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**

**LIMA, FIDEL  
288 EAST 42ND  
HIALEAH, FL 33013**

**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

*Fidel Lima*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]* SVD  
Registered Agent signature required when re-appointing

*4/20/04*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11000000123799

04/22/04 00010 000 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDT LIMA, OLGA 288 EAST 42ND ST. HIALEAH, FL 33013</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVD LIMA, FIDEL 288 EAST 42ND ST. HIALEAH, FL 33013</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Fidel Lima* *[Signature]* SVD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/04*  
Date

*(305) 688-1050*  
Daytime Phone #