


2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000068027 1. Entity Name CARY UNISEX, INC.	
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Principal Place of Business 858 EAST 41ST STREET HIALEAH, FL 33012	Mailing Address 858 EAST 41ST STREET HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0524822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MACHADO, GUILLERMO 858 EAST 41ST STREET HIALEAH, FL 33012
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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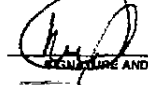
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHADO, GUILLERMO 7738 W 34 LANE, #201 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, IRAIDA 7738 W 34 LANE, #201 HIALEAH, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/05-80131-014 150.00

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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)(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:  <u>IRIDA HERNANDEZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/28/05</u>	Daytime Phone: <u>305 681 2331</u>
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