

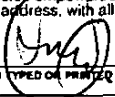


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-15-2008 90034 041 ***150.00

DOCUMENT # P94000068027		
1. Entity Name CARY UNISEX, INC.		
Principal Place of Business 858 EAST 41ST STREET HIALEAH, FL 33012	Mailing Address 858 EAST 41ST STREET HIALEAH, FL 33012	66002145  01092008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
		Applied For <input type="checkbox"/> 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		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: 		1/10/07 Date _____ Daytime Phone # _____