

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90291 050 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000058724			
1. Entity Name CLARISA UNISEX #3, CORP.			
Principal Place of Business 5309 West 16 Avenue Hialeah FL 33012		Mailing Address 5398 West 16 Avenue Hialeah FL 33012	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0678165		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01312005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MONTES, CLARISA 5398 West 16 Avenue Hialeah FL 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee if applicable. (NOTE: Registered Agent signature required when requesting) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$500.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Montes, Clarisa 5309 West 16 Ave Hialeah FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 807, 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: <i>Clarisa Montes</i>		Date: 4/20/2005 (305) 823-2375	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	