## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

## Sep 06, 2005 08:00 AM Secretary of State DOCUMENT # P98000046490 EDUARDO'S UNISEX, INC. Principal Place of Business Mailing Address 5989B WEST 16 AVENUE 5989B WEST 16 AVENUE HMLEAH, FL 33012 HIALEAH, FL 33012 07062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0838095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERDOMO, JULIO E DO NOT WRITE 5989B WEST 16 AVENUE HIALEAH, FL 33012 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE NAME PERDOMO, JULIO E U00000377671 7118 W. 29 WAY STREET ADDRESS CITY-ST-ZIP 09/07/05-80008-ang isn.nn HIALEAH, FL 33018 TITLE PERDOMO, MAYRA NAME STREET ADDRESS 5989B WEST 16 AVENUE CITY - \$T - ZIP HIALEAH, FL 33012 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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 apachiment with an address with all other like empowered.

FILED