

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000046490 -					
1. Entity Name EDUARDO'S UNISEX, INC.					
Principal Place of Business 5989B WEST 16 AVENUE HIALEAH FL 33012			Mailing Address 5989B WEST 16 AVENUE HIALEAH FL 33012		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0838095	
5. Certificate of Status Desired ☐				1st MOORE CR2EO	
6. Name and Address of Current Registered Agent PERDOMO, JULIO E 5989B WEST 16 AVENUE HIALEAH FL 33012				7. Name and Address of New Register Name Street Address (P.O. Box Number is Not Acceptable) City	
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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when consulate) Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Final Trust Fund Contribution	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete			TITLE	
NAME	PERDOMO, JULIO E			NAME	
STREET ADDRESS	7118 W. 29 WAY			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33018			CITY-ST-ZIP	
TITLE	D ☐ Delete			TITLE	
NAME	PERDOMO, MAYRA			NAME	
STREET ADDRESS	5989B WEST 16 AVENUE			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012			CITY-ST-ZIP	
TITLE	D ☐ Delete			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D ☐ Delete			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D ☐ Delete			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further indicate 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julio E Perdomo 3/27/06

11
Addition
May Be
Fees

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