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	Mailing Address
5989B WEST 16 AVENUE HIALEAH FL 33012	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

1st MOORE CR2E0

4. FEI Number 65-0838095

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

PERDOMO, JULIO E
5989B WEST 16 AVENUE
HIALEAH FL 33012

7. Name and Address of New Registere

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 a 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 consistent) DAT

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 May Be Trust Fund Contribution Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D ☐ Delete	TITLE	] Addition
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	] Addition
NAME	PERDOMO, MAYRA	NAME	
STREET ADDRESS	5989B WEST 16 AVENUE	STREET ADDRESS	U00000485438
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	04/12/06-80083-
TITLE	☐ Delete	TITLE	] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	] Addition
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 c ation 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 irector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appea ock 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Julio E Perdomo 3/27/06