2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 08:00 A Secretary of State DOCUMENT # V18845 1. Entily Name ANGEL'S UNISEX, INC. Principal Place of Business Mailing Address 957 PALM AVE 957 PALM AVE HIALEAH, FL 33010 HIALEAH, FL 33010 01222008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0326637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALEJO, ANGELA DO NOT WRITE 957 PALM AVE HIALEAH, FL 33010 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 lifte if applicable (NOTE Registered Agent signature reduced when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000852138 03/26/08~80016-017 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS TIFLE ALEJO, ANGELA NAME STREET ADDRESS 957 PALM AVE City-St-ZiP HIALEAH, FL TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY+ST-ZIP THILE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED