

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2004
Secretary of State**

DOCUMENT# 641094

Entity Name: UNIFAM FIVE, INC.

Current Principal Place of Business:

%MIKE SEGAL BROAD & CASSEL
201 S BISCAYNE BLVD # 3000
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

%MIKE SEGAL BROAD & CASSEL
201 S BISCAYNE BLVD # 3000
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-1953282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGAL, PHILIP M
BROAD & CASSEL, MIAMI CENTER
201 S BISCAYNE BLVD., STE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: SEGAL, MIKE,
Address: 201 S BISCAYNE BLVD #3000
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: COHEN, HENRY,
Address: 6039 COLLINS AVE #916
City-St-Zip: MIAMI, FL 33140

Title: SD () Delete
Name: COHEN, GAIL,
Address: 6039 COLLINS AVE #916
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSD (X) Change () Addition
Name: COHEN, ENRIQUE,
Address: 6039 COLLINS AVE #916
City-St-Zip: MIAMI, FL 33140

Title: D (X) Change () Addition
Name: COHEN, GAIL,
Address: 6039 COLLINS AVE #916
City-St-Zip: MIAMI, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE COHEN

PSD

01/15/2004

Electronic Signature of Signing Officer or Director

_____ Date