

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 641094

Entity Name: UNIFAM FIVE, INC.

FILED  
Feb 19, 2007  
Secretary of State

**Current Principal Place of Business:**

%MIKE SEGAL BROAD & CASSEL  
1 BISCAYNE TOWER # 2100, 2 SOUTH BISCAYNE  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

%MIKE SEGAL BROAD & CASSEL  
1 BISCAYNE TOWER # 2100, 2 SOUTH BISCAYNE  
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  
2 SOUTH BISCAYNE BLVD.  
1 BISCAYNE TOWER, 21ST FLOOR  
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: 2 SOUTH BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33131

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

Title: D ( ) 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: 201 CRANDON BLVD., # 728  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change ( ) Addition  
Name: COHEN, GAIL,  
Address: 201 CRANDON BLVD., # 728  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

02/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date