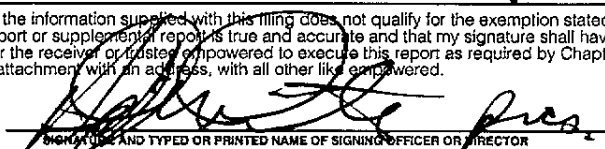


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # J79970 1. Entity Name UNAFLEX, INC.			
Principal Place of Business 3901 NE 12TH AVE POMPAN0 BEACH, FL 33064		Mailing Address 3901 NE 12TH AVE POMPAN0 BEACH, FL 33064 US	
DO NOT WRITE IN THIS SPACE			
		02162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 11-2305936	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MURDOCH, ROBERT E. FLEMING, O'BRYAN & FLEMING 1415 EAST SUNRISE BLVD., 7TH FLOOR FORT LAUDERDALE, FL 33304		DO NOT WRITE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		U000000062403 02/23/04-80120-010 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITE, HOWARD D. 3901 NE 12TH AVE POMPAN0 BEACH, FL 33064		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WHITE, HORACES 3901 NE 12TH AVE POMPAN0 BEACH, FL 33064		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
SIGNATURE: 		Date: 2/17/04 Daytime Phone #: 954-943-5002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			