## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000052507

Entity Name: UNIK PRODUCTS, INC.

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

200 CRANDON BOULEVARD

SUITE 329

KEY BISCAYNE, FL 33149 US

Current Mailing Address: New Mailing Address:

200 CRANDON BOULEVARD SUITE 329 KEY BISCAYNE, FL 33149 US

FEI Number: 26-2856245 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CIURO, CRISTINA CIURO, CRISTINA PST
200 CRANDON BOULEVARD 200 CRANDON BOULEVARD
SUITE 329
KEY BISCAYNE, FL 33149 US
CIURO, CRISTINA PST
200 CRANDON BOULEVARD
SUITE 329
KEY BISCAYNE, FL 33149 US

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: CRISTINA CIURO 02/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PST (X) Change ( ) Addition

Name: CIURO, CRISTINA Name: CIURO, CRISTINA PST

Address: 200 CRANDON BOULEVARD SUITE # 329 Address: 200 CRANDON BOULEVARD SUITE # 329

City-St-Zip: KEY BISCAYNE, FL 33149 US City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition
Name: GARCIA-CASTRILLON, JOSE A VP
Address: 200 CRANDON BOULEVARD SUITE # 329
Address: 200 CRANDON BOULEVARD SUITE # 329

City-St-Zip: KEY BISCAYNE, FL 33149 US City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify 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: CRISTINA CIURO PST 02/16/2009