

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 28, 2009  
Secretary of State**

DOCUMENT# P08000052507

Entity Name: UNIK PRODUCTS, INC.

**Current Principal Place of Business:**

3663 SW 8TH STREET  
PENTHOUSE-3RD FLOOR  
MIAMI, FL 33135 US

**New Principal Place of Business:**

200 CRANDON BOULEVARD #360  
KEY BISCAYNE, FL 33149 US

**Current Mailing Address:**

3663 SW 8TH STREET  
PENTHOUSE-3RD FLOOR  
MIAMI, FL 33135 US

**New Mailing Address:**

200 CRANDON BOULEVARD #360  
KEY BISCAYNE, FL 33149 US

FEI Number: 26-2856245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAYSON, MOISES  
25 SE 2ND AVE 730  
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

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: BACA, NATALIE M PRES  
Address: 3663 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33135 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BACA, NATALIE M PRES  
Address: 200 CRANDON BOULEVARD #360  
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: NATALIE M. BACA

PRES

07/28/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date