

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90102 028 \*\*\*158.75

<b>DOCUMENT # P05000062080</b>					
<b>1. Entity Name</b> UNIK ART STUDIO, INC					
<b>Principal Place of Business</b> 320 86TH STREET 9 MIAMI BEACH, FL 33141			<b>Mailing Address</b> 320 86TH STREET 9 MIAMI BEACH, FL 33141		
<b>2. Principal Place of Business</b> 320-86TH STREET Suite, Apt. #, etc. #12 City & State MIAMI BEACH, FLORIDA Zip 33141 Country USA		<b>3. Mailing Address</b> 320-86TH STREET Suite, Apt. #, etc. #12 City & State MIAMI BEACH, FLORIDA Zip 33141 Country USA			
<b>4. FEI Number</b> 25-1923244				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04172006 Chg-P CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> ATHEA, STEPHANIE 320 86TH STREET 9 MIAMI BEACH, FL 33141			<b>7. Name and Address of New Registered Agent</b> Name ATHEA, STEPHANIE Street Address (P.O. Box Number is Not Acceptable) 320-86TH STREET SUITE #12 City MIAMI BEACH FL Zip Code 33141		
<b>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.</b> SIGNATURE _____ PRESIDENT _____ DATE 04-17-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATHEA, STEVEN 320 86TH STREET # 9 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ATHEA, STEVEN W. 320-86TH STREET #12 MIAMI BEACH, FLORIDA 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATHEA, STEPHANIE 320 86TH STREET #9 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ATHEA, STEPHANIE 320-86TH STREET #12 MIAMI BEACH, FLORIDA 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____			PRESIDENT 04/17/06 (786) 355 8385 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		