
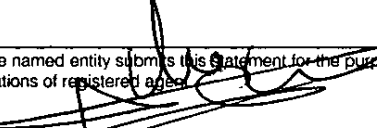


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90009 038 ***158.75

DOCUMENT # P05000062080																							
1. Entity Name UNIK ART STUDIO, INC																							
Principal Place of Business 320 86TH STREET 12 MIAMI BEACH, FL 33141			Mailing Address 320 86TH STREET 12 MIAMI BEACH, FL 33141																				
2. Principal Place of Business - No P.O. Box # 2137 Anchor Court Suite, Apt. #, etc.		3. Mailing Address 2137 Anchor Court Suite, Apt. #, etc.																					
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 25-1923244																			
Zip 33312		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent ATHEA, STEPHANIE 320 86TH STREET 12 MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent Name: ATHEA, STEPHANIE Street Address (P.O. Box Number is Not Acceptable): 2137 Anchor Court City: Fort Lauderdale FL Zip Code: 33312																				
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:  DATE: 04-04-07 <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																				
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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.

SIGNATURE:

Steven Athea

04-04-07

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #