

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 383126

FILED  
Feb 12, 2008  
Secretary of State

Entity Name: UNICORP DATA PROCESSING, INC.

## Current Principal Place of Business:

8900 S.W. 117TH AVENUE  
C-105  
MIAMI, FL 33186 US

## New Principal Place of Business:

## Current Mailing Address:

8900 S.W. 117TH AVENUE  
C-105  
MIAMI, FL 33186 US

## New Mailing Address:

FEI Number: 59-1349355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTIEL, HUGO  
8900 SW 117TH AVENUE  
C105  
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MONTIEL, HUGO  
Address: 11341 SW 152 CT  
City-St-Zip: MIAMI, FL 33196 US

Title: V ( ) Delete  
Name: MONTIEL, HECTOR  
Address: 10201 SW 122 ST  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HUGO MONTIEL

PRES

02/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date