## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

医减热 其生成的 化生物 化硫化铁矿 经收益的 经收益的 医甲基酚 计成本 医二氏病 化邻苯酚 电电路 医肾经 医动物

## DOCUMENT # 617866 1. Entity Name UNIFRATE SERVICES, INC.



FILED Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90043 004 \*\*\*150.00

Principal Place of Business

3450 W. 84 ST. SUITE 102-B HIALEAH, FL 33018 US Mailing Address

9797 N.W. 127 STREET HIALEAH GARDENS, FL 33018

02



				04032008 No Chg-P CR2E034 (11/05)				
D	O NOT WRITE II	N THIS SPA	CE	4. FEI Numb	er		Applied Not App	
Sign to the first of the first				5. Certificate	of Status Desired		.75 Additional	at
	6. Name and Address of Current Regis	stered Agent				* -* <b>*</b> *-		
ROSALES		_		DO	NOT W	/RITE_		
	-B- 102-D	,		*	THIS SI			· Harriston
			6,	1 ;	÷	<del>,</del>		
	named entity submits this statement for the ions of registered agent.		red office or registe	red agent, or bo ←	oth, in the State of F	lorida. I am fam	iliar with, and a	accept
SIGNATURE	Signature, proce of printed name of registered agent and title	Juana E. Il applicable. (NOTE: Registe	PKOSQIC red Agent signature require	d when reinstating)	~//	3/08	· ·	_
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ded to Fees		, , ,,	ь.	
10.	OFFICERS AND DIRE	CTORS	the ca	1 / 17 15 15 15	1. N. F. T. T. C. R.		( ) ( ) ( )	·
TITLE	PVD			4. 10		1 3 m		1.29
NAME	JUANA E. ROSALES			1		<b>所為20世界</b>		
STREET ADDRESS	3450 W. 84 ST. SUITE 102-B			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	996 d	1. July 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	198
CITY-ST-ZIP	HIALEAH, FL 33018					3	:	4 3
TITLE	STD		1		i		y the	
NAME	MANUEL L. ROSALES						2 2	- 1 Mg.
STREET ADDRESS CITY-ST-ZIP	3450 W. 84 ST. SUITE 102-B HIALEAH, FL 33018						0 m 1 M . 6	***
	HIALEAH, FL 33016		<b>-</b>				700	r; i.
TITLE			'gr - t'	+ .			• • • •	
NAME STREET ADDRESS			1			. ــــــــــــــــــــــــــــــــــــ		
CITY-ST-ZIP			e a more invading.	DO	NOT V	VRITE	ى دوسىيە،	<del></del>
TITLE							4, * .	
NAME				- 11 <b>7</b>	THIS S	PAUE	رج ب سد	1 7
STREET ADDRESS				ا الله الله الله الله الله الله الله ال		Taring salah 1		
CITY-ST-ZIP				ika na jija na farata Kaliman na manana			;	1
TITLE				1.			3 * *	
NAME								
STREET ADDRESS								
CITY-ST-ZIP							s	# 14 kg
TITLE				,				ي مورا بيئر
NAME			A second		n was	A CONTRACTOR OF THE CONTRACTOR	2 d 2 5	
STREET ADDRESS								9 10

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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

305-822-6100

Daytime Phone #