



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F46939				
1. Entity Name UNIDAD, INC.				
Principal Place of Business 1213 LEE STREET IMMOKALEE, FL 34142		Mailing Address 1213 LEE STREET IMMOKALEE, FL 34142		
DO NOT WRITE IN THIS SPACE				
			04052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2180090		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE	
GARCIA, MARY ANN 1213 LEE STREET IMMOKALEE, FL 34142				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		1100000156280 05/05/04-80072-003 158.75
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE	
TITLE	P			
NAME	GARCIA, MARY ANN			
STREET ADDRESS	1213 LEE STREET			
CITY-ST-ZIP	IMMOKALEE, FL 34142			
TITLE	V			
NAME	AYALA, NORA			
STREET ADDRESS	207 WASHINGTON AVE.			
CITY-ST-ZIP	IMMOKALEE, FL 34142			
TITLE	ST			
NAME	GARCIA, JUAN M			
STREET ADDRESS	RT. 1 TRAFFORD FARMS, LOT 20B			
CITY-ST-ZIP	IMMOKALEE, FL 34142			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>May Ann Garcia</i>			164/30/2004 1239 657-639	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #	