
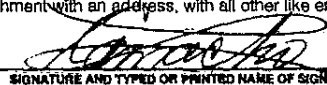


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # H84100 1. Entity Name UNISON SERVICES INCORPORATED		
Principal Place of Business 6187 NW 167 ST H-28 MIAMI, FL 33015 US	Mailing Address 6187 NW 167 ST H-28 MIAMI, FL 33015 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAMACHO, LEOPOLDINA 18882 NW 77TH CT MIAMI, FL 33015		DO NOT WRITE IN THIS SPACE
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 _____ (Signature, typed or printed name of registered agent and file if applicable. NOTE: Registered Agent signature required when reinstating.) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000308578 -04/15/05-80003-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPD CAMACHO, LEOPOLDINO 18882 NW 77 CT MIAMI, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINONES, ROBERTO 18853 NW 77TH COURT MIAMI, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEON, SAHYLI 8851 NW 119 ST. #1114 HIALEAH, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4/11/05 305-829-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #