

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J15568

**FILED  
Mar 20, 2009  
Secretary of State**

**Entity Name:** UNICO ENTERPRISES, INC.

**Current Principal Place of Business:**

1400 NW 96TH AVENUE  
SUITE 105  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

1400 NW 96TH AVENUE  
SUITE 105  
MIAMI, FL 33172 US

**New Mailing Address:**

10135 SW 124TH STREET  
MIAMI, FL 33176 US

**FEI Number:** 59-2692107      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODE, LOWELL M  
6330 SW 41 COURT  
DAVIE, FL 33314 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: ISSA, HASSAIN,  
Address: 10135 SW 124 STREET  
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete  
Name: ISSA, FATIMA,  
Address: 10135 SW 124 STREET  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: OFCR ( ) Change (X) Addition  
Name: ISSA, NADIM,  
Address: 10700 NW 66TH STREET UNIT 504  
City-St-Zip: DORAL, FL 33172

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: NADIM ISSA

OFCR

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date