

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010772

Entity Name: UNICO INTERIOR LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

6905 NW 93 CT., STE 2
MIAMI, FL 33166

New Principal Place of Business:

12114 SW 117 COURT
MIAMI, FL 33186

Current Mailing Address:

6905 NW 93 CT., STE 2
MIAMI, FL 33166

New Mailing Address:

12114 SW 117 COURT
MIAMI, FL 33186

FEI Number: 65-1045008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALESCIA, RAUL A
15629 SW 100 LANE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

VALENCIA, RAUL
12114 SW 117 COURT
MIAMI, FL 33186 US

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: RAUL VALENCIA

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALENCIA, RAUL A
Address: 15629 S.W. 100TH LANE
City-St-Zip: MIAMI, FL 33196

Title: MEMB () Delete
Name: ECHEVERRI, NICOLAS
Address: 6905 N.W. 73RD CT # 2
City-St-Zip: MIAMI, FL 33166 30

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALENCIA, RAUL
Address: 12114 SW 117 COURT
City-St-Zip: MIAMI, FL 33186

Title: MEMB (X) Change () Addition
Name: ECHEVERRI, NICOLAS
Address: 12114 SW 117 COURT
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RAUL VALENCIA

MGR

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date