


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90146 021 \*\*\*\*50.00

<b>DOCUMENT # L02000001886</b>					
<b>1. Entity Name</b> UNICORP INTERNATIONAL, LLC					
<b>Principal Place of Business</b> 17110 ARVIDA PWKY STE 1 WESTON, FL 33326			<b>Mailing Address</b> 17110 ARVIDA PWKY STE 1 WESTON, FL 33326		
<b>2. Principal Place of Business</b> 15356 NW 14 <sup>th</sup> Manor		<b>3. Mailing Address</b> 15356 NW 14 Manor			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Pembroke Pines, FL		<b>City &amp; State</b> Pembroke Pines, FL			
<b>Zip</b> 33028		<b>Country</b> USA		<b>4. FEI Number</b> 03-0380073	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> DE LA HOZ, JORGE E 304 PALERMO AVENUE CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> - Name - Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD GODINHO, HENIO 15356 NW 14 Manor Pembroke Pines, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUJILLO TRUJILLO, JOSE 15356 NW 14 Manor Pembroke Pines, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODINHO, MONICA ROMERO 15356 NW 14 Manor Pembroke Pines, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUJILLO, PATRICIA 15356 NW 14 Manor Pembroke Pines, FL 33028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> <i>Adriel</i>		8/4/04		(954) 3222920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	