


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L89100</b> 1. Entity Name <b>UNR CORPORATION</b>	
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Principal Place of Business <b>6495 SW GAINES AVE. STUART, FL 34997</b>	Mailing Address <b>312 S. OLD DIXIE HIGHWAY SUITE 107 JUPITER, FL 33458</b>
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0211615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>PATEL, RAJENDRA R. 6495 SW GAINES AVE. STUART, FL 34997</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1111100552916 05/15/06-80031-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE P NAME PATEL, RAJENDRA R. STREET ADDRESS 6495 SW GAINES AVE. CITY-ST-ZIP STUART, FL 34997	<p style="text-align: center; font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
TITLE VPS NAME PATEL, USHABEN STREET ADDRESS 6495 SW GAINES AVE. CITY-ST-ZIP STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemptions contained 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 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: Ushab Patel 4-26-06 7722868850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if