
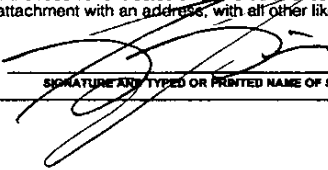


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 045 ***150.00

DOCUMENT # N01722					
1. Entity Name MIAMI CHAPTER OF UNICO NATIONAL, INC.					
Principal Place of Business 80 SW 8 STREET STE 2550 MIAMI, FL 33130 US		Mailing Address 80 SW 8 STREET STE 2550 MIAMI, FL 33130 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-6052440	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAMIAN, VINCENT E JR 80 SW 8 STREET STE 2550 MIAMI, FL 33130				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABIA, LOUIS A		NAME	GERACI, SALVATORE	
STREET ADDRESS	1206 MENDEAVIA AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DAMIAN, VINCENT, E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANNO, ROBERT J		NAME		
STREET ADDRESS	4220 UNIVERSITY DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JAY		NAME	SANTARO THOMAS, M.	
STREET ADDRESS	9250 S. DADELAND BLVD., #606		STREET ADDRESS	4161 MALAGA AVE	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERACI, SALVATORE		NAME	CIRAVOLO RICK G.	
STREET ADDRESS	1251 MARIOLA COURT		STREET ADDRESS	1605 NETHIA DRIVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAMIAN, VINCENT E JR		NAME	CARDINALI, ANTHONY	
STREET ADDRESS	80 SW 8 STREET STE 2550		STREET ADDRESS	1215 ALHAMBRA CIRCLE	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCHESE, JOSEPH		NAME		
STREET ADDRESS	9840 SW 103 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		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 617, 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: 		SALVATORE GERACI 2/15/06 305-669-2500			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	