


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90014 026 ***158.75

DOCUMENT # P0100000870

1. Entity Name
UNIPHYD CORP.



Principal Place of Business
7695 S.W. 104TH STREET, #210
MIAMI, FL 33156

Mailing Address
7695 S.W. 104TH STREET, #210
MIAMI, FL 33156

24077175



2. Principal Place of Business
700 S. ROYAL POINCIANA BLVD.

3. Mailing Address
700 S. ROYAL POINCIANA BLVD.

Suite, Apt. #, etc.
SUITE 401

05062004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

4. FEI Number
65-1081052

Applied For
 Not Applicable

Zip
33166

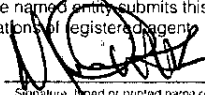
Country
MIAMI DADE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LITTMAN, ERIC P
7695 S.W. 104TH STREET, #210
MIAMI, FL 33156

7. Name and Address of New Registered Agent
 Name
MICHAEL W. HAWKINS
 Street Address (P.O. Box Number is Not Acceptable)
1900 S. HARBOR CITY BLVD., STE 315
 City
MELBOURNE FL Zip Code
32901

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  **MICHAEL W. HAWKINS** DATE **5/24/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

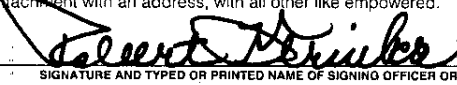
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, SUSAN 14790 S.W. 21 STREET DAVIE, FL 33325	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

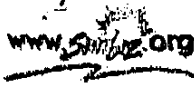
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CEO C/P Robert L. Trinka 1570 S. TREASURE DRIVE N. BAY VILLAGE, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:  **ROBERT L. TRINKA** DATE **5/24/04** DAYTIME PHONE # **305-79-1710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
2PLAY:
24077175



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P01000000870**

Tracking Number: **200033473642**

The charge for your Annual Report is

\$158.75

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Cheek enclosed