

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

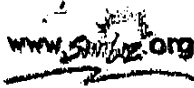
05-27-2004 90014 026 \*\*\*158.75

<b>DOCUMENT # P01000000870</b> 1. Entity Name <b>UNIPHYD CORP.</b>			
Principal Place of Business <b>7695 S.W. 104TH STREET, #210</b> <b>MIAMI, FL 33156</b>		Mailing Address <b>7695 S.W. 104TH STREET, #210</b> <b>MIAMI, FL 33156</b>	
2. Principal Place of Business <b>700 S. ROYAL POINCIANA BLVD.</b>		3. Mailing Address <b>700 S. ROYAL POINCIANA BLVD.</b>	
Suite, Apt. #, etc. <b>SUITE 401</b>		Suite, Apt. #, etc. <b>SUITE 401</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33166</b>		Country <b>USA</b>	
4. FEI Number <b>65-1081052</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LITTMAN, ERIC P</b> <b>7695 S.W. 104TH STREET, #210</b> <b>MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL W. HAWKINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1900 S. HARBOR CITY BLVD., STE 315</b> City <b>MELBOURNE</b> FL Zip Code <b>32901</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. SIGNATURE <b>MICHAEL W. HAWKINS</b> DATE <b>5/24/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, SUSAN 14790 S.W. 21 STREET DAVIE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PRESIDENT</del> CEO C/P <b>Robert L. Trinka</b> <b>1570 S. TREASURE DRIVE</b> <b>N. BAY VILLAGE, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <b>ROBERT L. TRINKA</b> DATE <b>5/24/04</b> DAYTIME PHONE # <b>305-79-1710</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

24077175



*Attachment*  
2PLAY:  
*24077175*



## Division of Corporations

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