


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90222 036 \*\*\*158.75

<b>DOCUMENT # P01000071885</b>	
1. Entity Name <b>UNICK KREATIONS, INC.</b>	

Principal Place of Business <b>9131 NORTHWEST 25TH STREET SUNRISE, FL 33322</b>	Mailing Address <b>9131 NORTHWEST 25TH STREET SUNRISE, FL 33322</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04012004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1123810</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SOUTHWEST 22 STREET</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>		Name <b>Marie VERONYCK Colas</b> Street Address (P.O. Box Number is Not Acceptable) <b>9131 NW 25th Street</b> City <b>SUNRISE</b> FL Zip Code <b>33322</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 *Marie Veronyck Colas* DATE **4-1-04**  
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, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COLAS, MARIE V <input type="checkbox"/> Delete 1800 SANS SOUSI BOULEVARD NORTH MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COLAS, MARIE V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9131 NW 25th Street Sunrise FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORBES, TIA A.R. <input checked="" type="checkbox"/> Delete 1800 SANS SOUSI BOULEVARD NORTH MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERT, TOMMY <input checked="" type="checkbox"/> Delete 1800 SANS SOUSI BLVD #324 NORTH MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GILBERT, TOMMY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9131 NW 25th Street Sunrise FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLAS, MARILON <input checked="" type="checkbox"/> Delete 1800 SANS SOUSI BLVD MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLAS, HERMANN <input checked="" type="checkbox"/> Delete 1800 SANS SOUSI BLVD MIAMI, FL 33181	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: *Marie Veronyck Colas* DATE **4-1-04** DAYTIME PHONE # **305-244-8416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR