2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027434

2035 KEYSTONE BLVD.

N. MIAMI, FL 33181

Address: City-St-Zip:

Entity Name: UNONE, INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6065 NW 167TH ST., SUITE B7 2035 KEYSTONE BLVD MIAMI, FL 33015 MIAMI, FL 33181 **Current Mailing Address: New Mailing Address:** 6065 NW 167TH ST., SUITE B7 2035 KEYSTONE BLVD MIAMI, FL 33015 MIAMI, FL 33181 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ARJONA, KEFREN ARJONA, KEFREN 6065 NW 167TH ST STE B7 2035 KEYSTONE BLVD MIAMI, FL 33015 MIAMI, FL 33181 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. SIGNATURE: KEFREN ARJONA 05/05/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ARJONA, MARIA C Name: Name: 2035 KEYSTONE BLVD. Address: Address: City-St-Zip: N. MIAMI, FL 33181 City-St-Zip: Title: Title: () Delete (X) Change () Addition ARJONA, KEFREN Name: ARJONA, KEFREN Name: 6065 NW 167TH ST., SUITE B7 2035 KEYSTONE BLVD Address: Address: MIAMI, FL 33015 MIAMI, FL 33181 City-St-Zip: City-St-Zip: Title: Title: CFO () Delete () Change () Addition ARJONA, KEFREN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

Ρ SIGNATURE: MARIA ARJONA 05/05/2008