## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000029496

1. Entity Name UNIKA INCORPORATED

**FILED** Jan 12, 2006 08:00-AM Secretary of State

Principal Place of Business 11300 REXMORE BLVD.

SALES OFFICE DAVIE, FL 33325 Mailing Address

11474 S.W. 12TH CT. DAVIE, FL 33325-4506 US





CR2E034 (11/05) 01102006 No Chg-P

4. FEI Number 01-0650170

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SICKLER, MARY E 11474 S.W. 12TH CT. DAVIE, FL 33325-4506

## DO NOT WRITE IN THIS SPACE

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 Signature, typod or printed name of registered agent and title if applicable. [INOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financia     Trust Fund Contribution.	ng \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECT		CTORS	-	1
HITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICKLER, MARY E 11474 S.W. 12TH CT. DAVIE, FL 333254506		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. –		U00000384217 01/17/06-80003-019 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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.				

**SIGNATURE**