2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # P02000043344 1. Entity Name UNITEST ENGINEERING INC.						04-13-2006	6 90275	045 ***15	60.00
11595 NW 71ST PLACE		Mailing Address 11595 NW 71ST PLACE PARKLAND, FL 33076			60027356				
Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312006	Chg-P	CR2E	034 (11/05)		
City & State		City & State			4. FEI Numb			<u></u>	pplied For
Zip	Country	Zip	Zip Country			e of Status Desired		\$8.75 Add	litional
	6. Name and Address of Current R	egistered Agent	1		7. Name and	d Address of New	Registered		
FOERSTER, ANDRZEJ				Name					
11595 NW	71ST PLACE D, FL 33076	Str		Street Addres	dress (P.O. Box Number is Not Acceptable)				
			City				<u> </u>	Zip Cod	9
The above named entity submits this statement for the purpose of changing its registers.							FI	-	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fina			ign Financ	cing _ \$	55.00 May Be		DATE		
	ay 1, 2006 Fee will be \$550.00		tribution.	A	Added to Fees				
10.	OFFICERS AND D		11.		ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE	P.	Delete	TITLE					Change	Addition
NAME STREET ADDRESS	FOERSTER, ANDRZEJ 11595 NW 71ST PLACE		NAME	T ADDRESS					
CITY-ST-ZIP	PARKLAND, FL 33076			ST-ZIP					
IITLE	S	☐ Delete	TITLE					☐ Change	Addition
NAME	FOERSTER, KATARZVNA	_ 274.0	NAME	•					
STREET ADDRESS	11595 NW 71ST PLACE		STREE	T ADDRESS					
CITY-ST-ZIP	PARKLAND, FL 33076		CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS CITY ST-ZIP				ST-ZIP					
TITLE	*****	☐ Delete	TITLE					☐ Change	Addition
NAME		C Dalete	NAME					☐ orenge	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TATLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS				T ADDRESS					

12. I hereby certify that the information supplied with this filing 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 of the corporation or the receiver or trastee 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 attaching of the property of the corporation of the corpora

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

toce/E SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/01/06

Daytime Phone #

☐ Change

Addition