


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000062904 |  |
| 1. Entity Name UNITY SELECT SERVICES, INC. | |

| | |
|---|---|
| Principal Place of Business 1500 W ATLANTIC BLVD STE 209 POMPANO BEACH, FL 33069 | Mailing Address 1500 W ATLANTIC BLVD STE 209 POMPANO BEACH, FL 33069 |
|---|---|

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

| | |
|--|---------------------------------------|
| 4. FEI Number 41-2044705 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD NW STE 401
BOCA RATON, FL 33431

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, typed or printed name of registered agent and title if applicable) **DATE** _____ (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|---|--------------------------------|
| TITLE PD | NAME RHODES, MARIA F |
| STREET ADDRESS 1500 W ATLANTIC BLVD STE 209 | |
| CITY - ST - ZIP POMPANO BEACH, FL 33069 | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

DO NOT WRITE
IN THIS SPACE

000000181109
01/14/05-80035-005 150.00

000000181109
01/14/05-80035-005 61.25

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, without other like empowered.

SIGNATURE: Maria Rhodes (Maria Rhodes) 1-12-05 954-946-2446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR