2007 FOR PROFIT CORPORATION

May 11, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000066945 05-11-2007 90023 027 ***150.00 1. Entity Name UNICELL TECHNOLOGIES, INC. darras. Principal Place of Business Mailing Address 10820 SW 72ND ST #141 10820 SW 72ND ST #141 MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business - No P.O. Box.# 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 01-0737166 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREITA THIAGO R Street Address (P.O. Box Number is Not Acceptable) FREITAS, THIAGO R 9369 FOUNTAINBLEAU BLVD #J228 MIAMI, FL 33172 4111 10820 SW 72nd Street 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 lamiliar with, and accept the obligations of registered as V. 28-0 (NOTE: Registered Agent signature required when reinstating) epistered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. 🕅 Change TITLE Delete DILE Addition FREITAS, THIAGO R NAME NAME STREET ADDRESS 9369 FOUNTAINBLEAU BLVD #J228 STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 TITLE Change ☐ Addition TITLE ☐ Delete REITAL, JOK C. DE FREITAS, JOSE C NAME 9369 FOUNTAINBLEAU BLVD #J228 STREET ADDRESS STREET ADDRESS MIAMI, FL 33172 CITY - ST-ZIP CITY - ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP ☐ Defele nne ☐ Charage Addition nne NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TOTE Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-7IP

12. Thereby certify that the information supplied with this filing does not quality 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 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR