2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008392

Entity Name: UNICONE FINANCIAL INC.

FILED Feb 17, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11533 SW 109 RD #G 13925 SW 83 CT MIAMI, FL 33176 MIAMI, FL 33158 US

Current Mailing Address: New Mailing Address:

11533 SW 109 RD #G 13625 SW 83 CT

MIAMI, FL 33176 MIAMI, FL 33158 US

FEI Number: 47-0906340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATEL, ABDUL
11533 SW 109 RD #G
MIAMI, FL 33176 US

PATEL, ABDUL
13625 SW 83 CT
MIAMI, FL 33176 US

MIAMI, FL 33158 US

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: ABDUL PATEL 02/17/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PD (X) Change () Addition

 Name:
 PATEL, ABDUL R
 Name:
 PATEL, ABDUL

 Address:
 11533 SW 109 RD #G
 Address:
 13625 SW 83 CT

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33158 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 PATEL, ABDUL A
 Name:

 Address:
 11533 SW 109 RD #G
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 PATEL, CANDY
 Name:

 Address:
 11533 SW 109 RD #G
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: ABDUL PATEL PD 02/17/2004