

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008392

Entity Name: UNICONE FINANCIAL INC.

FILED
Jul 10, 2006
Secretary of State

Current Principal Place of Business:

13625 SW 83 CT
MIAMI, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

13625 SW 83 CT
MIAMI, FL 33158 US

New Mailing Address:

FEI Number: 47-0906340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARALTA, ALEX P
13625 SW 83 CT
MIAMI, FL 33158 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARALTA, ALEX
Address: 13625 SW 83 CT
City-St-Zip: MIAMI, FL 33158 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CARBALLO, CATALINA
Address: 13625 SW 83 CT
City-St-Zip: MIAMI, FL 33158

Title: D () Change (X) Addition
Name: ALVARADO, JENNIFER
Address: 13625 SW 83 CT
City-St-Zip: MIAMI, FL 33158

Title: D () Change (X) Addition
Name: ALVARADO, SCARLETT
Address: 13625 SW 83 CT
City-St-Zip: MIAMI, FL 33158

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALEX PARALTA

PD

07/10/2006

Electronic Signature of Signing Officer or Director

Date