


FILED
Jan 25, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000075330 1. Entity Name UNICA CONSTRUCTION, INC.	
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Principal Place of Business 5013 LONGBOAT BLVD. EAST TAMPA, FL 33615 US	Mailing Address 5013 LONGBOAT BLVD. EAST TAMPA, FL 33615 US
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3695716	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 REYS, JOSE M 5013 LONGBOAT BLVD. EAST TAMPA, FL 33615
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and date if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/29/07-80028-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, JOSE M 5013 LONGBOAT BLVD. EAST TAMPA, FL 33615
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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 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: JOSE M. REYES 1/21/07 (B13)
245-5319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #