


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90088 007 ***150.00

DOCUMENT # P04000021327

1. Entity Name
UNITY WINDOWS, INC.



40065643

Principal Place of Business Mailing Address

~~7315 SW 4TH ST.~~ **7062 SW 4 ST** ~~7315 SW 4TH ST.~~ **7062 SW 4 ST**
MIAMI, FL 33144 **MIAMI, FL 33144**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01292007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For

42-1617185 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired * \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF DELAILA J. ESTEFANO, P.A.
11050 SW 88TH STREET
SUITE 108
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MATA, FRANK	
STREET ADDRESS	7315 SW 4TH STREET 370 Tamiami BLVD	
CITY-ST-ZIP	MIAMI, FL 33144 MIAMI, FL 33144	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARINO	
STREET ADDRESS	9605 SW 148TH	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X**  **FRANK MATA** Date **4/12/07** Daytime Phone # **(305)261-2223**