


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P04000021327 1. Entity Name UNITY WINDOWS, INC. |  |
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|--|--|
| Principal Place of Business 7062 SW 4 ST MIAMI, FL 33144 | Mailing Address 7062 SW 4 ST MIAMI, FL 33144 |
|--|--|

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 42-1617185 | 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

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

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000909386
05/06/08-20068-013 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MATA, FRANK 370 TAMiami BLVD MIAMI, FL 33144 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARTINEZ, MARINO 9605 SW 148TH MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

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: Frank Mata FRANK Mata 4/16/08 (305) 261-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #