2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

OCUMENT # PU4UUU123328 Entity Name UNADA, INC			05-01-2006 9	0306 030 ***150.00)	
Principal Place of Business 7000 W CAMINO ROAD BOCA RATON, FL 33433 US	Mailing Address 7000 W CAMINO ROAD BOCA RATON, FL 33433	US	<u>.</u>			
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		·	03102006 Chg-P	CR2E034 (11/05)		
City & State	City & State		4. FEI Number 56-2479681		oplied For	
Zip Country	Zip (Country	5. Certificate of Status Desire	\$9.75	ditional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
HUDY, MOHAMMED 5246 TENNIS LANE DELRAY BEACH, FL 33484		Street Address	Street Address (P.O. Box Number is Not Acceptable) 7000 W CAMIN 3 LEAD			
		1				
8. The above named entity submits this statement	of the purchase of changing its re-	Stered office or registe		FL Zip Cod	₽ ₹	
the obligations/dr/egistered agent.	pry	gistered Agent signature require		3/11/06 DATE		
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550	9. Election Campaign I	Financing\$5	.00 May Be ded to Fees			
10. OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO C			
TITLE P/D NAME HANDY, MOHAMMED STREET ADDRESS 7000 W CAMINO ROAD CITY-ST-ZIP BOCA RATON, FL 33433	Cookers	FITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 WCAYIN BOCALATINA	WAS Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	NAME STREET ADDRESS CITY - ST - ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZEP	☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZEP		Change	Addition	
12. I hereby certify that the information supplied with this filling does not graffly for the exemptions pontained 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 of number 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 attachnitent with an address, with all other like into a red. SIGNATURE: 1						
SIGNATURE AND TYPED OF	PRINTED HAME OF SIGNING OFFICER OR	MECTOR	Date :	Daytime Phone #	<u> </u>	