2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150714

FILED Feb 08, 2005 Secretary of State

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Entity Nar	me: UNO IND	USTRIAL DESIGN, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	TROADS ROA LM BEACH, FL					
Current Mailing Address:			New Mailing Address:			
	TROADS ROA LM BEACH, FL					
FEI Number:	Number: 36-4567848 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
	STERED AGE RRY ROAD FL 32351 U					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	ic Signature of Registered Age	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () NOVOA, CHRIS 122 BUTTONW BOYNTON BEA	OOD CIRCLE	Title: Name: Address: City-St-Zip:	NOVOA, CHR 122 BUTTON	X) Change ()Addition ISTOPHER S WOOD CIRCLE EACH, FL 33436	
	100	B 1.1	T '11	\ D	20 OL () A LEE	

Address:

City-St-Zip:

Title: Title: (X) Change () Addition () Delete USMA, JORGE NOVOA, ANGEL S Name: Name: Address: 1021 CHERYL ROAD Address: 122 BUTTONWOOD CIR WEST PALM BEACH, FL 33417 BOYNTON BEACH, FL 33436 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: Name: NOVOA, ROSENDA Address Address: 122 BUTTONWOOD CIR City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33436 Title: () Delete Title: () Change (X) Addition NOVOA, MERLY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER NOVOA PD 02/08/2005

122 BUTTONWOOD CIRCLE

BOYNTON BEACH, FL 33436