

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150714

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: UNO INDUSTRIAL DESIGN, INC.

## Current Principal Place of Business:

4249 WESTROADS ROAD  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

122 BUTTONWOOD CIR  
BOYNTON BEACH, FL 33436 US

## Current Mailing Address:

4249 WESTROADS ROAD  
WEST PALM BEACH, FL 33407

## New Mailing Address:

122 BUTTONWOOD CIR  
BOYNTON BEACH, FL 33436 US

FEI Number: 36-4567848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NOVOA, CHRISTOPHER S  
Address: 122 BUTTONWOOD CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD ( ) Delete  
Name: NOVOA, ANGEL S  
Address: 122 BUTTONWOOD CIR  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T ( ) Delete  
Name: NOVOA, ROSENDA  
Address: 122 BUTTONWOOD CIR  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S ( ) Delete  
Name: NOVOA, MERLY  
Address: 122 BUTTONWOOD CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CHRISTOPHER S. NOVOA

PD

01/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date