2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P04000150714

Entity Name: UNO INDUSTRIAL DESIGN, INC.

Current Principal Place of Business:

6864 TORCH KEY ST
LAKE WORTH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

6864 TORCH KEY ST
LAKE WORTH, FL 33436 US

New Mailing Address:

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.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: 6864 TORCH KEY ST
City-St-Zip: LAKE WORTH, 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: SD ( ) Delete
Name: YANELIS, NOVOA
Address: 6864 TORCH KEY ST
City-St-Zip: LAKE WORTH, 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 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 02/17/2009

Electronic Signature of Signing Officer or Director Date