## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000034710  1. Entity Name UNYQ,INC						05-01-2006	90486 001 ***15	50.00
Principal Plac	e of Business	Mailing Address					****	
		12697 135 ST N LARGO EL 33774	12697 135 ST N LARGO, FL 33774				5001810	JU
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2. Principal P	lace of Business	3. Mailing Address	. Mailing Address					
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01242006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Number	201100		oplied For	
Zip Country		Zip Cour		try	İ	<u> 30499</u>	\$9.75 A	ot Applicable
			· · · · · · · · · · · · · · · · · · ·			f Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Re	egistered Agent	
DIANA, LAPUSTE M								
12697 135 ST N LARGO,FLORIDA, FL 33774				Street Address (P.O. Box Number is Not Acceptable)				
							•	
				City			FL Zip Coo	le
	named entity submits this statement for	or the purpose of changing its r	registere	ed office or register	red agent, or both	, in the State of Flo	rida. I am familiar with	and accept
trie obligat	Diana List	oto-				41	27/06	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signature required	d when reinstating)	, ,	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contribution					.00 May Be led to Fees			,
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	\$ IN 11
TITLE	P .*	☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	12697 135 ST N	DOUGLAS, ELENA NAM 12697 135 ST N		1				
CITY-ST-ZIP			STRE	et adoress				
				ET ADORESS - ST-ZIP				
TITLE	LARGO, FL 33774	☐ Delete	CITY-	-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS		☐ Delcte	CITY- TITLE NAME	-ST-ZIP			☐ Change	☐ Addition
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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 alt other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727)517-4360