# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

07 NOV -5 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000046054

1. Entity Name
UNO SOURCE INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3075 NE 190TH STREET<br>#205<br>MIAMI, FL 33180 | P.O. BOX 692995<br>MIAMI, FL 33269 |

10302007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 7870 ROCKPORT CIRCLE | 7870 ROCKPORT CIRCLE |
| State, Apt. #, etc. | State, Apt. #, etc. |
| LAKE WORTH FL | LAKE WORTH FL |
| Zip 33467 Country USA | Zip 33467 Country USA |

4. FEI Number 84-1675548 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NURSE, RONALD<br>3075 NE 190TH STREET<br>#205<br>MIAMI, FL 33180 | Name: RAY MARTIN<br>Street Address (P.O. Box Number is Not Acceptable): 7870 ROCKPORT CIRCLE<br>City: LAKE WORTH FL Zip Code: 33467 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: RONALD NURSE RONALD NURSE Ray Martin 10/20/2007
Signature of New Registered Agent, if applicable (Note: Registered Agent signature required for electronic filing) DATE
RAY MARTIN

**Amended AR is $61.25**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>NURSE, RONALD<br>3075 NE 190TH STREET #205<br>MIAMI, FL 33269 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~PRESIDENT~~ P<br>OSCAR JORDAN<br>THE BOILER HOUSE, CAVE HILL, ST MICHAEL, BARBADOS |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~SECRETARY~~ S<br>MALCOLM MARTIN<br>BALI HAI, BELAIR, ST PHILIP, BARBADOS |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~GENERAL MANAGER~~ M<br>RAY MARTIN<br>7870 ROCKPORT CIRCLE, LAKE WORTH FL, 33467 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~SALES MANAGER~~ M<br>RONALD NURSE<br>3075 NE 190TH STREET # 205<br>MIAMI FL 33269 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 600112140736<br>11/09/07--01004--021 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

12. 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 all other like empowered.

SIGNATURE: RONALD NURSE RONALD NURSE 10/20/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date