2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000052507

Entity Name: UNIK PRODUCTS, INC.

FILED Jul 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

200 CRANDON BOULEVARD

SUITE 329

KEY BISCAYNE, FL 33149 US

3663 SW 8TH STREET
PENTHOUSE-3RD FLOOR
MIAMI, FL 33135 US

Current Mailing Address: New Mailing Address:

200 CRANDON BOULEVARD
SUITE 329
KEY BISCAYNE, FL 33149
US
3663 SW 8TH STREET
PENTHOUSE-3RD FLOOR
MIAMI, FL 33135
US

FEI Number: 26-2856245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CIURO, CRISTINA PST GRAYSON, MOISES
200 CRANDON BOULEVARD 25 SE 2ND AVE 730
SUITE 329 MIAMI, FL 33131 U
KEY BISCAYNE, FL 33149 US

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: MOISES GRAYSON 07/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PRES (X) Change () Addition

 Name:
 CIURO, CRISTINA PST
 Name:
 BACA, NATALIE M PRES

 Address:
 200 CRANDON BOULEVARD SUITE # 329
 Address:
 3663 SW 8TH STREET

City-St-Zip: KEY BISCAYNE, FL 33149 US City-St-Zip: MIAMI, FL 33135 US

Title: VP (X) Delete Title: () Change () Addition
Name: GARCIA-CASTRILLON JOSE A VP Name:

 Name:
 GARCIA-CASTRILLON, JOSE A VP
 Name:

 Address:
 200 CRANDON BOULEVARD SUITE # 329
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149 US
 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: NATALIE M BACA PRES 07/22/2009

Electronic Signature of Signing Officer or Director

Date