2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105687

Entity Name: UNIMENORAH, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
10147 BOCA ENTRADA BLVD # 1-115 BOCA RATON, FL 33428	10236 BOCA ENTRADA BLVD # 221 BOCA RATON, FL 33428

Current Mailing Address:	**New Mailing Address:**
PO BOX 1707 BOCA RATON, FL 33429	

FEI Number: 26-3815029   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:**
TAX HOUSE CORPORATION 1100 S FEDERAL HWY SECOND FLOOR DEERFIELD BEACH, FL 33441 US	SOARES, ELIEL A 10236 BOCA ENTRADA BLVD # 221 BOCA RATON, FL 33428 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: ELIEL A SOARES   02/15/2012

_____Electronic Signature of Registered Agent_____   _____Date_____

OFFICERS AND DIRECTORS:

Title: PD
Name: SOARES, ELIEL A
Address: 10236 BOCA ENTRADA BLVD # 221
City-St-Zip: BOCA RATON, FL 33428

Title: VPD
Name: SOARES, OLIVIA C
Address: 10236 BOCA ENTRADA BLVD # 221
City-St-Zip: BOCA RATON, FL 33428

Title: TD
Name: FERREIRA, ANDREA
Address: 10236 BOCA ENTRADA BLVD # 221
City-St-Zip: BOCA RATON, FL 33428

Title: SD
Name: SOARES-JUNIOR, ELIEL A
Address: 10236 BOCA ENTRADA BLVD # 221
City-St-Zip: BOCA RATON, FL 33428

Title: D
Name: SOARES, PRISCILA C
Address: 10236 BOCA ENTRADA BLVD # 221
City-St-Zip: BOCA RATON, FL 33428

I hereby 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 all other like empowered.

SIGNATURE: ELIEL A SOARES   PD   02/15/2012

_____Electronic Signature of Signing Officer or Director_____   _____Date_____