




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90401 022 \*\*\*150.00

<b>DOCUMENT # P94000002423</b> 1. Entity Name <b>UNICOR USA, INC.</b>			
Principal Place of Business <b>7579 NW 7 STREET MIAMI, FL 33126</b>		Mailing Address <b>7579 NW 7 STREET MIAMI, FL 33126</b>	
2. Principal Place of Business - No P.O. Box # <b>12466 SW 177 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>12466 SW 177 CT.</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL.</b>		City & State <b>MIAMI FL.</b>	
Zip <b>33186</b>		Zip <b>33186</b>	
Country <b>DADE</b>		Country <b>DADE</b>	
4. FEI Number <b>65-0461945</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VERGARA, JOSE 7579 N.W. 7TH ST MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name <b>VERGARA JOSE</b> Street Address (P.O. Box Number is Not Acceptable) <b>12466 sw 177 CT</b> City <b>MIAMI</b> <b>DADE</b> <b>FL</b> Zip Code <b>33186</b>	
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  _____ DATE <b>4-17-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VERGARA, JOSE M 7579 NW 7 STREET MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VERGARA JOSE 12466 SW 177CT MIAMI FL. 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERGARA, JOSE M 7579 NW 7 STREET MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-17-07</b> Daytime Phone #	

40088103

