

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092400

Entity Name: UNIEXPRESS SYSTEMS, INC.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

4040 GALT OCEAN DRIVE
SUITE L-7
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50361
LIGHTHOUSE POINT, FL 33074 US

New Mailing Address:

FEI Number: 65-0541552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERLANGIERI, ERNANI
2780 NE 21ST TERRACE
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VERLANGIERI, ERNANI J
Address: 2780 NE 21ST TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: STD () Delete
Name: VERLANGIERI, GISELE N
Address: 2780 NE 21ST TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ERNANI VERLANGIERI

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04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date