

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000064256**

1. Entity Name  
 UNIMAR, INC.



Principal Place of Business      Mailing Address

4975 S.W. 80TH STREET      4975 S.W. 80TH STREET  
 MIAMI, FL 33143              MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**



01082007    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0606649	Applied For 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

JOHNSON, ETHAN W ESQ.  
 5300 FIRST UNION FINANCIAL CENTER  
 200 S. BISCAYNE BLVD.  
 MIAMI, FL 33131

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

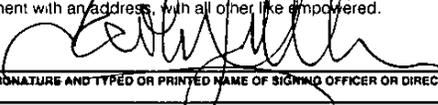
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADALA-MARIA, JACOBO A 4975 S.W. 80TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000681914  
 04/04/07-80064-016 150.00

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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:**  **3-27-07 305-482-8070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #