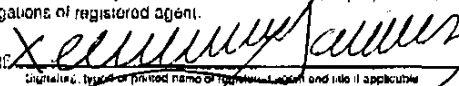
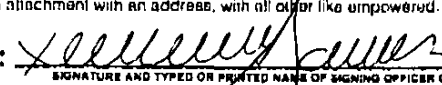


04/30/07 14:48

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90024 034 ***158.75

DOCUMENT # P97000078358			
1. Entity Name UNIKE SUPPORT SERVICES INC.			
Principal Place of Business 1000 SW 10TH AVE. MIAMI, FL 33136		Mailing Address 1000 SW 10TH AVE. MIAMI, FL 33136	
2. Principal Place of Business - No P.O. Box # 14540 S.W 136 ST #216		3. Mailing Address 14540 S.W 136 ST #216	
Suite, Apt. #, etc. MIAMI FL		Suite, Apt. #, etc. #216	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33186	Country USA	Zip 33186	Country USA
4. FEI Number 85-0777337		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GOMEZ, MONICA 1000 SW 10TH AVE. MIAMI, FL 33136 14540 S.W 136 ST #216 MIAMI FL 33186	
7. Name and Address of New Registered Agent Name Monica Gomez Street Address (P.O. Box Number is Not Acceptable) 14540 S.W 136 ST #216 City MIAMI State FL Zip Code 33186		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 4-30-07 (NOTE: Registered Agent signature required when resigning)	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP GOMEZ, MONICA 1000 SW 10TH AVE. MIAMI, FL 33136 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. Monica Gomez 14540 S.W 136 ST #216 MIAMI FL 33186 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GOMEZ, RENE 1000 SW 10TH AVE. MIAMI, FL 33136 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Rene Gomez 14540 S.W 136 ST #216 MIAMI FL 33186 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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: 		X 4/30/07 786-573-3437 Date Chapter Number	