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	Mailing Address
~~[illegible]~~	~~[illegible]~~
~~[illegible]~~	~~[illegible]~~

04282007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14540 S.W 136 st #216	X 14540 S.W 136 st
Suite, Apt #, etc: Miami Fl	Suite, Apt. #, etc.: #216
City & State	City & State: MIAMI Florida
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. FEI Number: 65-0777337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, MONICA	Name: Monica Gomez
~~[illegible]~~ 14540 S.W136 st.	Street Address (P.O. Box Number is Not Acceptable)
~~[illegible]~~ #216	14540 S.W 136 st #216
MIAmi Fl 33186	City: MIAMI 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 X [signature] X 4-30-07

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

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. X ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP GOMEZ, MONICA ~~[illegible]~~ ~~[illegible]~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C.E.O. Monica Gomez 14540 S.W 136st #216 MIAmi Fl33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT GOMEZ, RENE ~~[illegible]~~ ~~[illegible]~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT Rene Gomez 14540 S.W136 st #216 MIAmi Fl 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: X [signature] X 4/30/07 786-573-3437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #