

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000030926

FILED
May 27, 2006
Secretary of State

Entity Name: UNITRANSFER FLORIDA, INC.

Current Principal Place of Business:

901 S. STATE ROAD 7
SUITE 215
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

901 S. STATE ROAD 7
SUITE 215
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: 65-0827359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICARDO BAJANDAS
2699 S. BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33133 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: D () Delete
Name: CASTERA, ADIEN
Address: 901 SOUTH STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: P () Delete
Name: SALIBA, JEAN C
Address: 901 SOUTH STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023

Title: S () Delete
Name: EXUME, CLAUDE
Address: 901 SOUTH STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASTERA, ADRIEN
Address: 901 SOUTH STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33023 US

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 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: ADRIEN CASTERA

D

05/27/2006

Electronic Signature of Signing Officer or Director

_____ Date