

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000030926

FILED
Apr 17, 2008
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, P.A.
1000 BRICKELL AVENUE
SUITE 1020
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**RICARDO BAJANDAS, P.A.
1000 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131 US

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: RICARDO BAJANDAS

04/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: CASTERA, ADRIEN
Address: 901 S. STATE ROAD 7 SUITE 215
City-St-Zip: HOLLYWOOD, FL 33023 US**Title:** VP () Delete
Name: EXUME, CLAUDE
Address: 901 S. STATE ROAD 7 SUITE 215
City-St-Zip: HOLLYWOOD, FL 33023 US**Title:** S () Delete
Name: EXUME, CLAUDE
Address: 901 S. STATE ROAD 7 SUITE 215
City-St-Zip: HOLLYWOOD, FL 33023**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: CLAUDE EXUME

VP

04/17/2008

Electronic Signature of Signing Officer or Director

Date