2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000035180

1. Entity Name
UNIMEX TRADING, INC.



FILED Apr-14, 2006 08:00 AN Secretary of State

Principal Place of Business

MIRAMAR, FL 33027

3951 SW 147TH AVE MIRAMAR, FL 33027 Mailing Address

3951 SW 147TH AVE MIRAMAR, FL 33027



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03012006 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3550752
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

THIJS, ANKIE A 3951 SW 147TH AVE

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the place of registered agent.	urpose of changing its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	•	epplicable. (NOTE Registered Agent sign.	iture required when reinstating)	DATE	
		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THIJS, ANKIE A 3951 SW 147TH AVE MIRAMAR, FL 33027			U00000509848 04/28/06-80061-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE		
UTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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: (

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #