2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P99000038113

Entity Name: UNI-FUN WEAR, INC.

Current Principal Place of Business:

447 NE 210 CIR TERR
#101
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

20533 BISCAYNE BLVD
#450
AVENTURA, FL 33180

New Mailing Address:

447 NE 210 CIR TERR
#101
MIAMI, FL 33179

FEI Number: 65-1021981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, NICOLE
1505 NW 203 STREET
MIAMI, FL 33169 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: CEOD ( ) Delete
Name: DIXON, GUILENE
Address: 1505 NW 203 STREET
City-St-Zip: MIAMI, FL 33169

Title: LCVP ( ) Delete
Name: DIXON, NICOLE
Address: 1505 NW 203 STREET
City-St-Zip: MIAMI, FL 33169

Title: CFO ( ) Delete
Name: DIXON, BOBSIE
Address: 1505 NW 203 STREET
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete
Name: DIXON, JESSICA
Address: 1505 NW 203 STREET
City-St-Zip: MIAMI, FL 33169

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:

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 Section 119.07(3)(i), 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: GUILENE DIXON CEOD 04/25/2005

Electronic Signature of Signing Officer or Director Date