

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90159 043 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000071365			
1. Entity Name UNIPON MANAGEMENT, CORP.			
Principal Place of Business 2528 SUNFISH STREET ORLANDO, FL 32839		Mailing Address 2528 SUNFISH STREET ORLANDO, FL 32839	
2. Principal Place of Business		3. Mailing Address 8925 Turnberry Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando, FL	
Zip	Country	Zip 32819	Country
4. FEI Number 59-3605306		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACHADO, CELMA 2528 SUNFISH STREET ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name Machado, Celma Street Address (P.O. Box Number is Not Acceptable) 8925 Turnberry Court City Orlando FL Zip Code 32819	
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: <u><i>Celma Machado</i></u> 04/27/2006 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MACHADO, CELMA 2528 SUNFISH STREET ORLANDO, FL 32839 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Machado, Celma 8925 Turnberry Court Orlando, FL 32819 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u><i>Celma Machado</i></u>		04/27/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	