

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096759

Entity Name: UNIQUP PLUS, INC.

FILED
Mar 08, 2006
Secretary of State

Current Principal Place of Business:

6401 CONGRESS AVE.
SUITE # 150
BOCA RATON, FL 33487

Current Mailing Address:

6401 CONGRESS AVE.
SUITE # 150
BOCA RATON, FL 33487

New Principal Place of Business:

6401 CONGRESS AVE.
SUITE # 100
BOCA RATON, FL 33487

New Mailing Address:

6401 CONGRESS AVE.
SUITE # 100
BOCA RATON, FL 33487

FEI Number: 65-0968083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMAD, MOHAMMED
6401 CONGRESS AVE.
SUITE # 150
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

HAMAD, MOHAMMED
6401 CONGRESS AVE.
SUITE # 100
BOCA RATON, FL 33487 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:

03/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZALZALA, JURI
Address: 6401 CONGRESS AVE., SUITE 150
City-St-Zip: BOCA RATON, FL 33487

Title: VP () Delete
Name: HAMAD, MOHAMMED
Address: 6401 CONGRESS AVE., SUITE 150
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZALZALA, JURI
Address: 6401 CONGRESS AVE., SUITE 100
City-St-Zip: BOCA RATON, FL 33487

Title: VP (X) Change () Addition
Name: HAMAD, MOHAMMED
Address: 6401 CONGRESS AVE., SUITE 100
City-St-Zip: BOCA RATON, FL 33487

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: MOHAMMED HAMAD

VP

03/08/2006

Electronic Signature of Signing Officer or Director

Date