## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # 681675  1. Entity Name UNIQUE PRODUCERS SERVICE, INC.							01-17-2006 90260 027 ***150.00				
Principal Place	e of Business	Mai	ling Address					20001	344		
13815 N.W. 19TH AVENUE 13815 N.W. 19TH AVENUE OPA LOCKA, FL 33054 OPA LOCKA, FL 33054							1 ( <b>3 P</b> ITE <b>8</b> 11 <b>8</b> 1	-	mett.	/);	( <b>fe</b> ) (  120)
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.				01102006	Chg-P	CR2E	34 (11/05)	
City & State		С	City & State		<u> </u>	4. FEI Numb 59-202				————	plied For t Applicable
Zip	Country	Z	ip	Count	itry	_	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of	f Current Regist	ered Agent				7. Name and	Address of New	Registered	Agent	
DODEDT	. 517701444040 500				Name						
ROBERT V. FITZSIMMONS ESQ 2950 S.W. 27TH AVE #200 MIAMI, FL 33233-9075					Street Ad	ddress (	P.O. Box Numbe	r is Not Acceptat	ole)		
					City	<del></del>			FL	Zip Code	e
	named entity submits this stations of registered agent.	atement for the pu	urpose of changing its	registere	ed office or	register	ed agent, or bot	h, in the State of I	Florida. I am	familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of reg										
1									DATE		
<del></del>		gistered agent and title if	applicable. (NOTE	E: Røgistere	d Agent signatur	re required	when reinstating)		DATE		
FILI After Ma	E NOW!!! FEE IS \$15 ay 1, 2006 Fee will be	0.00	9. Election Campai Trust Fund Conti	ign Finar	ncing _	\$5	.00 May Be		DATE		
FILI After Ma	E NOW!!! FEE IS \$15 ay 1, 2006 Fee will be	0.00	9. Election Campai Trust Fund Cont	ign Finar	ncing	<b>\$5</b> Add	.00 May Be ed to Fees	CHANGES TO O		O DIRECTOR	S IN 11
After Ma	E NOW!!! FEE IS \$15 ay 1, 2006 Fee will be	0.00 e \$550.00 CERS AND DIREC	9. Election Campai Trust Fund Cont	ign Finar ribution. 11. TITLE	ncing	\$5. Add	.00 May Be ed to Fees			O DIRECTOR! ☐ Change	S IN 11  Addition
10. IITLE NAME	E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be OFFIC ST	0.00 e \$550.00 DERS AND DIREC	9. Election Campai Trust Fund Cont	ign Finar ribution. 11. TITLE NAM STRE	ncing	\$5. Add 7.6	.00 May Be ed to Fees  ADDITIONS/	4 AUENUE			
After Ma  10.  TITLE  NAME  STREET ADDRESS	E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be OFFIC ST JONES, CARY 13815 N.W. 19TH AVEN OPA LOCKA, FL 33054 P JONES, DARRELL 13815 N.W. 19TH AVEN	0.00 e \$550.00 DERS AND DIREC NUE 4	9. Election Campai Trust Fund Cont	ign Finar ribution.  11.  TITLE NAM STRE CITY TITLE NAM STRE	E ME EEET ADDRESS (-ST-ZIP	\$5. Add 7.6	ADDITIONS/	4 AUENUE			
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be OFFIC ST JONES, CARY 13815 N.W. 19TH AVEN OPA LOCKA, FL 33054 P JONES, DARRELL	0.00 e \$550.00 DERS AND DIREC NUE 4	9. Election Campai Trust Fund Cont TORS	ign Finar ribution.  11.  TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E	\$5. Add 7.6	ADDITIONS/	4 AUENUE		☐ Change	Addition
After Ma  10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be OFFIC ST JONES, CARY 13815 N.W. 19TH AVEN OPA LOCKA, FL 33054 P JONES, DARRELL 13815 N.W. 19TH AVEN	0.00 e \$550.00 DERS AND DIREC NUE 4	9. Election Campai Trust Fund Cont TORS  A Delete	ign Finar ribution.  11. TITLE NAM STRE CITY	E ALE ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E E ET ADDRESS (-ST-ZIP E E E E E E E E E E E E E E E E E E E	\$5. Add 7.6	ADDITIONS/	4 AUENUE		☐ Change	Addition  Addition
After Ma  10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be OFFIC ST JONES, CARY 13815 N.W. 19TH AVEN OPA LOCKA, FL 33054 P JONES, DARRELL 13815 N.W. 19TH AVEN	0.00 e \$550.00 DERS AND DIREC NUE 4	9. Election Campai Trust Fund Cont TORS  A Delete  Delete	ign Finarribution.  11.  TITLE NAM STRE CITY	E  AE  BEET ADDRESS  (-ST-ZIP  E  BEET ADDRESS  (-ST-ZIP  E  BEET ADDRESS  (-ST-ZIP  E  AE  BEET ADDRESS  (-ST-ZIP  E  BET ADDRESS  (-ST-ZIP  BET ADDRESS	\$5. Add 7.6	ADDITIONS/	4 AUENUE		☐ Change ☐ Change ☐ Change	Addition  Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 indistee 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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06

Daytime Phone #