2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 02, 2007 08:00 Al Secretary of State **DOCUMENT # 681675** 1. Entity Name UNIQUE PRODUCERS SERVICE, INC. Principal Place of Business Mailing Address 13815 N.W. 19TH AVENUE 13815 N.W. 19TH AVENUE OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 CR2E034 (11/05) 01252007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2020927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERT V. FITZSIMMONS ESQ DO NOT WRITE 2950 S.W. 27TH AVE #200 MIAMI, FL 33233-9075 IN THIS SPACE 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME JONES, J.B. 13815 N.W. 19TH AVENUE STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 U00000688162 TITLE 04/10/07-80069-016 150.ob NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

STREET ADDRESS CITY-ST-ZIP

FILED