

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90039 043 \*\*\*150.00

<b>DOCUMENT # P04000165896</b> 1. Entity Name <b>UNIQUE AUTO SALES, CORP.</b>			
Principal Place of Business <b>121 LAKE AVE MAITLAND, FL 32751</b>		Mailing Address <b>121 LAKE AVE MAITLAND, FL 32751</b>	
2. Principal Place of Business <b>9605 NW 12 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>9605 NW 12 ST</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33172</b> Country		City & State <b>Miami, FL</b> Zip <b>33172</b> Country	
4. FEL Number <b>20-1996926</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VILLAMIZAR, FERNANDO 121 LAKE AVE MAITLAND, FL 32751</b>		7. Name and Address of New Registered Agent Name <b>Villamizar, Adriana</b> Street Address (P.O. Box Number is Not Acceptable) <b>9605 NW 12 ST</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33172</b>	
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>Adriana Villamizar</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14</b>	
TITLE <b>P</b> NAME <b>VILLAMIZAR, FERNANDO</b> STREET ADDRESS <b>121 LAKE AVE</b> CITY-ST-ZIP <b>MAITLAND, FL 32751</b>	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	President <b>Villamizar, Adriana</b> <b>9605 NW 12 ST</b> <b>Miami, FL 33172</b>
TITLE <b>V</b> NAME <b>VILLAMIZAR, ADRIANA</b> STREET ADDRESS <b>121 LAKE AVE</b> CITY-ST-ZIP <b>MAITLAND, FL 32751</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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>Adriana Villamizar</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

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