

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                                                  |     |                                                                                           |                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P94000021740</b><br>1. Entity Name<br><b>UNIQUE PRESS, INC.</b>                                                                                                                                                 |                                                                                                                  |     |                                                                                           |                                                                                               |  |
| Principal Place of Business<br><b>1503 ST. ANDREW ROAD<br/>HOLLYWOOD FL 33021<br/>US</b>                                                                                                                                      |                                                                                                                  |     | Mailing Address<br><b>20533 BISCAYNE BLVD<br/>SUITE 1141<br/>AVENTURA FL 33180<br/>US</b> |                                                                                                                                                                                 |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                                                                  |     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                 |                                                                                                                                                                                 |  |
| City & State                                                                                                                                                                                                                  |                                                                                                                  |     | City & State                                                                              |                                                                                                                                                                                 |  |
| Zip                                                                                                                                                                                                                           | Country                                                                                                          | Zip | Country                                                                                   | 4. FCI Number <b>65-0477242</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BARISH, SUSAN<br/>1503 ST. ANDREW ROAD<br/>HOLLYWOOD FL 33021</b>                                                                                                   |                                                                                                                  |     |                                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>       |                                                                                                                  |     |                                                                                           |                                                                                                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                                                                                  |     |                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                                                                  |     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                              |                                                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D <b>BARISH, SUSAN</b> <input type="checkbox"/> Delete<br><b>20533 BISCAYNE BLVD</b><br><b>AVENTURA FL 33180</b> |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><div style="text-align: center;"> <b>U00000473767</b><br/> <b>03/31/06 00030-001 150.00</b> </div>              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                    |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
3/17/06

Daytime Phone #