

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032859

FILED
Aug 06, 2004
Secretary of State

Entity Name: UNIQUE DESIGNS MANUFACTURING, INC.

Current Principal Place of Business:

4100 N POWERLINE ROAD
SUITE F-3
POMPANO BEACH, FL 33073

New Principal Place of Business:

Current Mailing Address:

4100 N POWERLINE ROAD
SUITE F-3
POMPANO BEACH, FL 33073

New Mailing Address:

FEI Number: 65-0916747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEMOR, GARY
986 NAPOLI WOODS LN
DELRAY BEACH, FL 33446

Name and Address of New Registered Agent:

TEMOR, GARY
9810 NAPOLI WOODS LANE
DELRAY BEACH, FL 33446

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: _____

Electronic Signature of Registered Agent

08/06/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: TEMOR, GARY
Address: 4390 NW 4TH COURT
City-St-Zip: COCONUT CREEK, FL 33066

Title: VTD () Delete
Name: KASHUV, UZI
Address: 2307 NW 37TH AVENUE
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: TEMOR, GARY
Address: 9810 NAPOLI WOODS LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: VTD (X) Change () Addition
Name: KASHUV, UZI
Address: 5745 NW 65TH TERRACE
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY TEMOR

PSD

08/06/2004

Electronic Signature of Signing Officer or Director

Date