

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90025 016 \*\*\*\*55.00

**DOCUMENT # L03000016477**

1. Entity Name  
UNIQ DETAILS, LLC



Principal Place of Business  
7286 SW 48TH STREET  
MIAMI, FL 33155

Mailing Address  
7286 SW 48TH STREET  
MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



04272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
13-4251771

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REEVES, MARTA  
7286 SW 48TH STREET  
MIAMI, FL 33155

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ABREU, SANDRA  
10750 NW 66TH STREET, APT. 107  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
REEVES, MARTA  
1627 BRICKELL AVENUE #1706  
MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ALVAREZ, MANUEL  
4615 SAN AMARO DRIVE  
CORAL GABLES, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ALVAREZ, PATRICIA  
1541 BRICKELL AVENUE #2103  
MIAMI, FL 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MANUEL ALVAREZ

4/27/06

Date

305-663-9400

Daytime Phone #