

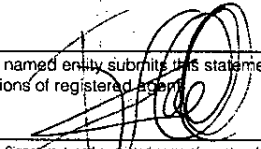
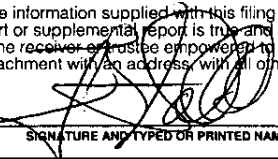


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90735 026 \*\*\*150.00

<b>DOCUMENT # P00000065987</b> 1. Entity Name <b>UNIQUE TOURS, INC.</b>					
Principal Place of Business <b>5301 NW 158 TERR MIAMI, FL 33014</b>			Mailing Address <b>5301 NW 158 TERR MIAMI, FL 33014</b>		
2. Principal Place of Business <b>5445 Collins Ave</b> Suite, Apt. #, etc. <b>CU 4A</b>		3. Mailing Address <b>5445 Collins Ave</b> Suite, Apt. #, etc. <b>CU 4A</b>			
City & State <b>Miami Beach FL</b>		City & State <b>Miami Beach FL</b>		4. FEI Number <b>65-1022293</b>	
Zip <b>33140</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VALDES, JULIO 3800 E 4 AVE APT #4 HIALEAH, FL 33013</b>				7. Name and Address of Now Registered Agent Name <b>Valdes, Julio</b> Street Address (P.O. Box Number is Not Acceptable) <b>5445 Collins Ave CU 4A</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33140</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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>VALDES, JULIO</b> <b>3800 E 4 AVE #4</b> <b>HIALEAH, FL 33013</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Valdes, Julio</b> <b>5445 Collins Ave CU 4A</b> <b>Miami Beach FL, 33140</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>VILLENA, MIRIAM</b> <b>3800 E 4 AVE #4</b> <b>HIALEAH, FL 33013</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Villena, Miriam</b> <b>5445 Collins Ave CU 4A</b> <b>Miami Beach FL, 33140</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					