2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 17, 2007 8:00 am Secretary of State DOCUMENT # P01000017944 05-17-2007 90041 006 ***158 75 UNIQUE VOYAGES CONSULTING, INC. Principal Place of Business Mailing Address 40115706 8950 NE 8 AVE APT 310 8950 NE 8 AVE APT 310 MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05142007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1078655 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 8950 NE 8 AVE APT 310 MIAMI SHORES, FL 33138 City Zip Code 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. LOPEZ SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME LOPEZ, MICHAEL A NAME STREET ADDRESS 8950 NE 8 AVE APT 310 STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 33138 CITY-ST-7IP TITLE ☐ Delete TITLE Addition ROSARIO LOPEZ 8950 NE 8 AVE APT 310 NAME STREET ADDRESS STREET ADDRESS HIAMI SHOKES, FL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ПΠЕ ☐ Detete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. lole 2 MichARL SIGNATURE:

FILED



To:

Florida Department of State

Secretary of State

Attention:

Division of Corporations

From:

Michael A. Lopez

President

Subject:

Annual Report 2007

Dear Sir or Madam:

I moved to Charlotte, North Carolina in January 15, 2007 and I just received a notification regarding the renewal.

Kindly, waive the penalty.

I try it here in North Carolina to change my address and keep my same corporation, but, the Division of Corporation here in North Carolina advised me that I need to open a new corporation, which I did.

I would like to continue with my corporation Unique Voyages Consulting, Inc with Florida Department of State.

Please send the certificate to my address here in Charlotte. Do not change my address, I still keeping my apartment in Miami Shores and I am adding my sister Rosario Lopez as Vice President.

Unique Voyages Consulting, Inc. 5963 Pale Moss Lane Charlotte, North Carolina 28239

Any questions do not hesitate to call me or send me a letter by mail.

Thank you very much for your kind cooperation.

Best regards.

Michael A. Lopez