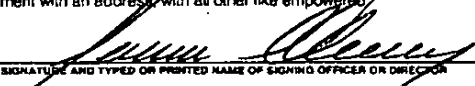


FILED
Jul 21, 2005 8:00 am
Secretary of State

06-20-2005 90004 048 ***150.00
07-21-2005 90031 041 ***400.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000058730		
1. Entity Name UNIQUE DESIGN BUILDERS, INC.		
Principal Place of Business 30614 SW 152 CT. HOMESTEAD, FL 33033		Mailing Address 30614 SW 152 CT. HOMESTEAD, FL 33033
2. Principal Place of Business 2049 Everhigh Acres Rd Suite, Apt. #, etc.		3. Mailing Address 2049 Everhigh Acres Rd Suite, Apt. #, etc.
City & State Clewiston, FL		City & State Clewiston, FL
Zip 33440	Country	Zip 33440
4. FEI Number 65-1112105		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GONZALEZ, JAVIER R 3244 W 70 TERR HIALEAH, FL 33018		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2049 Everhigh Acres Rd City Clewiston FL 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.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, JAVIER R 3244 W 70 TERR HIALEAH, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D GONZALEZ, JAVIER R ☒ Change ☐ Addition 2049 Everhigh Acres Rd Clewiston, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ 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.		
SIGNATURE: 		4/26/05 (863) 902-0964

50056753



04212005 Chg-P CR2E034 (10/03)