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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.

50056753

04212005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
30614 SW 152 CT. HOMESTEAD, FL 33033	30614 SW 152 CT. HOMESTEAD, FL 33033

2. Principal Place of Business	3. Mailing Address
2049 Everhigh Acres Rd	2049 Everhigh Acres Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clewiston, Fl	City & State: Clewiston, Fl
Zip: 33440 Country:	Zip: 33440 Country:

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 2049 Everhigh Acres Rd Clewiston, Fl 33440 ☒ 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
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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: [signature] 4/26/05 (863) 902-0964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #