


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90764 001 \*\*\*750.00

<b>DOCUMENT # P02000061820</b> 1. Entity Name <b>PERSONAL UNIQUE REAL ESTATE COMPANY</b>					
Principal Place of Business <b>7425 NW 4 STREET PLANTATION, FL 33317</b>			Mailing Address <b>7425 NW 4 STREET PLANTATION, FL 33317</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>04-3692204</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DIVETO, LYDIA A 7425 NW 4 STREET PLANTATION, FL 33317</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DIVETO, LYDIA A 7425 NW 4 STREET PLANTATION, FL 33317</b>	<input type="checkbox"/> Delete			
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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.			<b>OF LIES A. DIVETO, JR., CPA, PA CERTIFIED PUBLIC ACCOUNTANT</b> <b>7425 NW 4th STREET PLANTATION, FLORIDA 33317</b>		
SIGNATURE: _____			Date <b>4/24/05</b> Daytime Phone # <b>954-321-6322</b>		