2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P03000007680

Entity Name: YOUNIQUE POOL RENOVATIONS & REPAIRS, INC.

Current Principal Place of Business:

6561 NW 13TH PLACE
PLANTATION, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

18829 NW 24 COURT
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 56-2312424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNES, JOSEPH OWNER
18829 NW 24 COURT
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: YOUNES, JOSEPH
Address: 18829 NW 24 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V ( ) Delete
Name: YOUNES, SHERRYL
Address: 18829 NW 24 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: BAHR, NANCY
Address: 11630 NW 45TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Delete
Name: FARRAH, KEVIN
Address: 9619 NW 16 CT.
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY M BAHR D 01/04/2007

Electronic Signature of Signing Officer or Director Date