

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031759

FILED
Aug 25, 2004
Secretary of State

Entity Name: UNIQUE BUSINESS INTERNATIONAL, INC.

Current Principal Place of Business:

5625 NE 2ND AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5625 NE 2ND AVE
MIAMI, FL 33137

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATAILLE, PAUL E
5625 NE 2ND AVE
MIAMI, FL 33137

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: DP () Delete
Name: BATAILLE, PAUL E
Address: 5625 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: DV () Delete
Name: CELESTIN, FRANTZ R
Address: 5625 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: DS () Delete
Name: SATIL, LUCKNER
Address: 5625 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: DS () Delete
Name: DESPREZ, PHEDRE
Address: 5625 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

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 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 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: PHEDRE DESPREZ

DS

08/25/2004

Electronic Signature of Signing Officer or Director

Date