


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90084 026 \*\*\*150.00

<b>DOCUMENT # P03000097438</b>	
1. Entity Name <b>UNIQUE CONCEPT SALON INC.</b>	

Principal Place of Business <b>7672 INDIGO STREET MIRAMAR FL 33023</b>	Mailing Address <b>7672 INDIGO STREET MIRAMAR FL 33023</b>
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2. Principal Place of Business - No P.O. Box # <b>16466 NE 16th AVE</b> Suite, Apt. #, etc. <b>NORTH MIAMI beach</b>	3. Mailing Address <b>4158 SW Tuscol St.</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State <b>MIAMI FL</b>	City & State <b>Port St. Lucie</b>
Zip <b>33162</b>	Zip <b>34953</b>
Country <b>Dade</b>	Country <b>Lucie</b>

4. FEI Number <b>55-0845904</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BOOTHE, NERISSA E 7672 INDIGO STREET MIRAMAR FL 33023</b>	
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7. Name and Address of New Registered Agent	
Name <b>NERISSA E. BOOTHE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4158 SW Tuscol St.</b>	
City <b>Port St. Lucie FL</b>	Zip Code <b>34953</b>

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 <i>Nerissa Boothe</i>	(NOTE: Registered Agent signature required when registering)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOOTHE, NERISSA E 7672 INDIGO STREET MIRAMAR FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Nerissa Boothe</i>	4-30-07	305 940 0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #