## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90009 001 \*\*\*150.00

| DOCUMENT # P03000141460  1. Entity Name UNIQUE PROFESSIONAL DETAILING INC   |                                      |                 |  | 03-12-2004 9                | 90009 001 ***150             | ).00                        |
|---|--------------------------------------|-----------------|--|-----------------------------|------------------------------|-----------------------------|
| Principal Place of Business   | Mailing Address                      |                 |  |                             |                              |                             |
| 341 E. SHERIDAN STREET 341 E. SHERIDAN STREE<br>#303 #303   |                                      | •               |  | 437                         | 101000                       | <u>ر</u> رک                 |
| #303<br>Dania Beach, FL 33004 US  | ·· - • -                             |                 |  |                             |                              | <b>7</b>                    |
| 2. Principal Place of Business  | 3. Mailing Address                   |                 |  |                             |                              |                             |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                  |                 | 03012004   | Chg-P                       | CR2E034 (10/03)              |                             |
| City & State  | City & State                         |                 | 4. FEi Numb  | er<br>2 <i>0 - 05 0 3 0</i> | 06/ N                        | oplied For<br>ot Applicable |
| Zip Country Zip Coun  |                                      | Country         | 5. Certificate of Status Desired L. Fee Required   |                             |                              |                             |
| 6. Name and Address of Current Registered Agent   |                                      | Namo            | 7. Name and Address of New Registered Agent Name   |                             |                              |                             |
| FLORIDA INCORPORATOR  |                                      |                 |  |                             |                              |                             |
| 2045 HYDE PARK STREET   |                                      | Street Addr     | Street Address (P.O. Box Number is Not Acceptable) |                             |                              |                             |
| SUITE 1<br>SARASOTA, FL: 34239  |                                      |                 | •  |                             |                              |                             |
|   |                                      | City            | · ·  |                             | FL Zip Cod                   | le                          |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  |                                      |                 |  |                             |                              |                             |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.   |                                      |                 | \$5.00 May Be<br>Added to Fees                     |                             |                              |                             |
| 10. OFFICERS AND  |                                      | 11.             | ADDITIONS  | CHANGES TO OFF              | ICERS AND DIRECTOR           |                             |
| TITLE P GHAZAWI, FIRAS B  | ☐ Delete                             | TITLE<br>NAME   |  |                             | ☐ Change                     | Addition                    |
| STREET ADDRESS 341 E. SHERIDAN STREET - #3  | 103                                  | STREET ADDRESS  |  |                             |                              | I                           |
| CITY-ST-ZIP DANIA BEACH, FL 33004   |                                      | CITY-ST-ZIP     |  |                             |                              |                             |
| TITLE VP NAME HUTCHINSON, KIRK M  | ☐ Delete                             | TITLE<br>NAME   |  |                             | ☐ Change                     | Addition                    |
| STREET ADDRESS 341 E. SHERIDAN STREET - #3  | 303                                  | STREET ADDRESS  |  |                             | د                            |                             |
| CITY-ST-ZIP DANIA BEACH, FL 33004   |                                      | CITY-ST-ZIP     |  |                             |                              |                             |
| NAME  | Delete ^ -                           | -TITLE-<br>NAME | -  | منصد ما يوسم                | - Change                     | Addition                    |
| STREET ADDRESS  |                                      | STREET ADDRESS  |  |                             | •                            |                             |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP     |  |                             |                              |                             |
| TITLE NAME  | ☐ Delete                             | TITLE NAME      |  |                             | ☐ Change                     | Addition                    |
| STREET ADDRESS  |                                      | STREET ADDRESS  |  |                             |                              |                             |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP     |  |                             |                              |                             |
| TITLE   | ☐ Delete                             | TITLE<br>NAME   |  |                             | ☐ Change                     | ☐ Addition                  |
| STREET ADDRESS  |                                      | STREET ADDRESS  |  |                             |                              |                             |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP     |  |                             |                              | - Addition                  |
| TITLE NAME  | ☐ Delete                             | TITLE<br>NAME   |  |                             | Change                       | Addition                    |
| STREET ADDRESS ,  | •                                    | STREET ADDRESS  |  |                             | •                            |                             |
| CITY-ST-ZIP   | to this filing sleep t could for the | CITY-ST-ZIP     | in Parties 140 07(0)                               | (i) Fleside Const           | I frusther against the state | i-formation                 |
| 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. |                                      |                 |  |                             |                              |                             |

FITAS B. Chazawi (President 3/7/04)
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date