

**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000009503

1. Entity Name
UNIQUE CONCRETE FINISH CORP.



Principal Place of Business
**29835 S.W. 152ND CT.
HOMESTEAD, FL 33033**

Mailing Address
**29835 S.W. 152ND CT.
HOMESTEAD, FL 33033**



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0641583

Applied For
Not Applicable

5. Certificate of Status Desired **A** **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORALES, DOUGLAS
9969 S.W. 24TH TERR.
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

02/08/07-80075-002 163.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, DOUGLAS 29835 S.W. 152ND CT. HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEGA, FERNANDO 9969 S.W. 24TH TERR. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURILLO, DARWIN 2167 NW TERRACE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOUGLAS MORALES / 25/07(786)243-1051