2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # P04000074643 06-02-2005 90004 008 ***150.00 1. Entity Name UNIQUE IMAGE & STYLE, INC. Principal Place of Business Mailing Address 16283 SW 16 ST PEMBROKE PINES FL 33027 16283 SW 16 ST PEMBROKE PINES FL 33027 2 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FFI Number Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOMINGUEZ, JESSICA 16283 SW 16 ST PEMBROKE PINES FL 33027 Street Address (P.O. Box Number is Not Acceptable) Zip Code 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. Sgingure, typed or pinted name of registered agent and lide if applicating (NOTE: Registered Agent signature required when retristating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Paesisent Dominanez TITLE TITLE Chance ☐ Addition Delete essica-NAME NAME SW 16H ST 16283 STREET ADORESS STREET ADDRESS 3302 CITY-ST-ZIP CITY - SI - ZIP Pines IF1 THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITA-21- SI- SIP TITL F ☐ Delete Change ■ Addition TILLE NAME HAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP FILLE THE ☐ Delete ☐ Chance Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-SI-ZIP TITLE Chance ☐ Addition TITLE ☐ Detete NAME MARA STREET ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-ST-7P 12. Thereby 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 you 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.

FILED

Jul 01, 2005 8:00 am