

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
Jun 08, 2005 8:00 am
Secretary of State

04-18-2005 90301 001 ***150.00

DOCUMENT # P04000089263 1. Entity Name UNIQUE WHOLESALE INC																																																							
Principal Place of Business 3605 COMMERCE BLVD G KISSIMMEE, FL 32821 US			Mailing Address 3605 COMMERCE BLVD G KISSIMMEE, FL 32821 US																																																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip _____ Country _____		3. Mailing Address Suite, Apt. #, etc. City & State Zip _____ Country _____		01102005 Chg-P CR2E034 (10/03) 4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-1234030</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent NAWAZ, BABAR 10049 BYNUM CT ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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. SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P</td> <td>NAWAZ, BABAR</td> <td>10049 BYNUM CT</td> <td></td> </tr> <tr> <td></td> <td></td> <td>ORLANDO, FL 32821</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		P	NAWAZ, BABAR	10049 BYNUM CT				ORLANDO, FL 32821			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																														
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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.																																																							
SIGNATURE:				Date 03.09.05 Daytime Phone # _____																																																			

bb044001



ATTACHMENT

66022357

To Whom It May Concern:

I Babar Nawaz writing to inform Florida Department of State about letter reference to P040000089263. I filed my annul report on 03-09-2005 and mailed it same day. I was told my CPA that I just need to sign and date it. After that I left country for almost 2 months. When I came back I see this letter from state. If require I can provide my passport copies which shows I was out of country.

I am very sorry for this entire problem but I was not aware of that little mistake that I forgot to put FEI number.

Regards,

Babar Nawaz

