

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000105560

1. Entity Name
YOUNIQUE ENTERPRISES, INC.



Principal Place of Business
505 N RIVERSIDE DR.
19
POMPANO BCH, FL 33062

Mailing Address

505 N RIVERSIDE DR.
19
POMPANO BCH, FL 33062

2. Principal Place of Business

1075 Spanish River Rd

Suite, Apt. #, etc.

5

3. Mailing Address

1075 Spanish River Rd

Suite, Apt. #, etc.

5

City & State

Boca Raton

City & State

Boca Raton

Zip

33432

Country

Broward

Zip

33432

Country

Broward

04222005 Chg-P CR2E034 (10/03)

4. FEI Number

20-1377645

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COTHRAN, YOLNDA
505 N RIVERSIDE DR
19
POMPANO BCH, FL 33062

Name
COTHRAN, YOLANDA

Street Address (P.O. Box Number is Not Acceptable)

1075 Spanish River Rd #5

City
Boca Raton

FL
Zip Code
33432

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

Yolanda Cotheran

(NOTE: Registered Agent signature required when reinstating)

05-01-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COTHRAN, YOLNDA 505 N RIVERSIDE DR 19 POMPANO BCH, FL 33062 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COTHRAN Yolanda 1075 Spanish River Rd #5 Boca Raton, FL 33432 | <input checked="" 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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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: *Yolanda Cotheran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-05 954-245-6884

Date

Daytime Phone #