## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000111969

Entity Name: SO UNIQUE CONSIGNMENT AND BOUTIQUE, INC.

FILED Jan 28, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 18744 3645 SOUTH MANHATTAN AVE. TAMPA, FL 33679 US

TAMPA, FL 33629

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 18744 3645 SOUTH MANHATTAN AVE. TAMPA, FL 33679 US TAMPA, FL 33629 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HINDS, MITZI BURNS, SANDRA 103 BÉACH HAVEN LANE 6338 NÉWTOWN CIR TAMPA, FL, FL 33609 В4 TAMPA, FL 33615 US

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.

SIGNATURE: SANDRA BURNS 01/28/2005

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

TAMPA, FL 33679 US

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TAMPA, FL 33607 US

Title: ( ) Delete Title: (X) Change ( ) Addition HINDS, LORING L CASTELLANO, DORIS P Name: Name: P.O. BOX 18744 Address: 2112 W ORIENT ST Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: DORIS P CASTELLANO 01/28/2005