


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90078 015 ***150.00

DOCUMENT # P04000119813			
1. Entity Name A UNIQUE AUTO OF POMPANO, INC.			
Principal Place of Business 2104 S. CYPRESS BEND DRIVE #107 POMPANO BEACH, FL 33069		Mailing Address 2104 S. CYPRESS BEND DRIVE #107 POMPANO BEACH, FL 33069	
2. Principal Place of Business 308 B S. Dixie Hwy E		3. Mailing Address 4267 NW 57th Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Coconut Creek FL	
Zip 33060	Country USA	Zip 33063	Country USA



02222005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PESSOA, PAULO 2104 S. CYPRESS BEND DRIVE #107 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name <u>Mario Almeida</u> Street Address (P.O. Box Number is Not Acceptable) <u>4267 NW 57th Dr.</u> City <u>Coconut Creek</u> <u>FL</u> Zip Code <u>33063</u>	
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 <u>[Signature]</u> <u>MARIO ALMEIDA</u> <u>OWNER</u>		DATE <u>2-23-05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PESSOA, PAULO <input checked="" type="checkbox"/> Delete 2104 S. CYPRESS BEND DRIVE #107 POMPANO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mario Almeida 4267 NW 57th Dr. Coconut Creek, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hector Bernal 5740 Lakeside Dr. Margate, FL 33063
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
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
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
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

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: <u>[Signature]</u> <u>MARIO ALMEIDA</u> <u>OWNER</u>	DATE <u>2-23-05</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #