## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2006 8:00 am Secretary of State DOCUMENT # P05000014944 05-01-2006 90336 032 \*\*\*150.00 1. Entity Name V.J.'S UNIQUE TREND, INC. Principal Place of Business Mailing Address 40072543 1756 NW 58TH AVE 1756 NW 58TH AVE LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 2. Principal Place of Business 3. Mailing Address 672 N. University Dr. 04272006 CR2E034 (11/05) Cha-P 4. FEI Number Applied For City & State City & State Surris <u>74-3139054</u> Not Applicable UNALSE Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 333 Bioward Breward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOSEPH, VERLENE Street Address (P.O. Box Number is Not Acceptable) 1756 NW 58TH AVE LAUDERHILL, FL 33313 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE ☐ Change TITLE JOSEPH, VERLENE NAME NAME 1756 NW 58TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL, FL 33313 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CrTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 4/27/06

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #