

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**DOCUMENT # P05000088508**

1. Entity Name  
UNIQUE LIMOUSINE SERVICE INC.



Principal Place of Business  
2501 BRISTOL DRIVE  
SUITE B-10  
WEST PALM BEACH, FL 33409 US

Mailing Address  
2501 BRISTOL DRIVE  
SUITE B-10  
WEST PALM BEACH, FL 33409 US

**DO NOT WRITE IN THIS SPACE**

2007 SEP 17 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07292007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3033919	Applied For
	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NIKOLOS, DIMITRIOS  
2501 BRISTOL DRIVE  
SUITE B-10  
WEST PALM BEACH, FL 33409

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIKOLOS, DIMITRIOS 2501 BRISTOL DRIVE SUITE B-10 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000109523720  
09/17/07-01047--016 \*\*150.00

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IN THIS SPACE**

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.

**SIGNATURE:** *Dimitrios nikolos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/07 (561)686-7817  
Date Daytime Phone #

9/11 8:00