

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000110738

1. Entity Name
UNIQUE DRYWALL & TRADE, INC



Principal Place of Business
**10125 EASTERN LAKE AVENUE
101
ORLANDO, FL 32817**

Mailing Address
**10125 EASTERN LAKE AVENUE
101
ORLANDO, FL 32817**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3198702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LYJETHAN SERVICES, INC
340 WILSHIRE BLVD.
CASSELBERRY, FL 32707**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, KENO 10125 EASTERN LAKE AVENUE APT. 101 ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESTRADA, LISANDRA 10125 EASTERN LAKE AVENUE ORLANDO, FL 32817
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01/28/08-90003-004 150.00

**DO NOT WRITE
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: Lisandra Estrada Vice president 1-22-07 467-470-6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #