

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000112423

FILED
Sep 11, 2007
Secretary of State

Entity Name: UNIQUE HOTEL SERVICES INC.

Current Principal Place of Business:

699 MCLEOD AVE
HAINES CITY, FL 33844

New Principal Place of Business:

1015 DEDDINGTON PLACE
KISSIMMEE, FL 34758

Current Mailing Address:

699 MCLEOD AVE
HAINES CITY, FL 33844

New Mailing Address:

1015 DEDDINGTON PLACE
KISSIMMEE, FL 34758

FEI Number: 74-3150740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTILLANES, ISAIAS
699 MC LEOD AVE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

SANTILLANES, CONSUELO
1015 DEDDINGTON PLACE
KISSIMME, FL 34758 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: CONSUELO SANTILLANES

09/11/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTILLANES, ISAIAS
Address: 699 MC LEOD AVE
City-St-Zip: HAINES CITY, FL 33844

Title: VP (X) Delete
Name: SANTILLANES, CONSUELO
Address: 1015 DEDDINGTON PL
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANTILLANES, CONSUELO
Address: 1015 DEDDINGTON PLACE
City-St-Zip: KISSIMMEE, FL 34758

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: CONSUELO SANTILLANES

P

09/11/2007

Electronic Signature of Signing Officer or Director

Date