## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000139543

Entity Name: B."YOU"NIQUE, INC.

FILED May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

15882 SW 51 STREET 855 NW 164 AVE

MIRAMAR, FL 33027 PEMBROKE PINES, FL 33028

**Current Mailing Address: New Mailing Address:** 

15882 SW 51 STREET 855 NW 164 AVE

PEMBROKE PINES, FL 33028 MIRAMAR, FL 33027

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMILTON, IMMACULA HAMILTON, IMMACULA 855 NW 164 AVE 15882 SW 51 STREET

MIRAMAR, FL 33027 PEMBROKE PINES, FL 33028 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: IMMACULA HAMILTON 05/01/2008

> 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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

HAMILTON, BRITTANY HAMILTON, BRITTANY Name: Name: 855 NW 164 AVE 15883 SW 51 STREET Address: Address:

City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33028

Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete HAMILTON, IMMACULA Name: HAMILTON, IMMACULA Name:

15882 SW 51 STREET Address: 855 NW 164 AVE Address:

MIRAMAR, FL 33028 PEMBROKE PINES, FL 33028 City-St-Zip: 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.

VΡ SIGNATURE: IMMACULA HAMILTON 05/01/2008