

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063112

FILED  
Feb 28, 2009  
Secretary of State

Entity Name: UNIQUE TRAVEL OF PALM BEACH, INC.

**Current Principal Place of Business:**

4900 LINTON BLVD  
SUITE 20  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

4900 LINTON BLVD  
SUITE 20  
DELRAY BEACH, FL 33445 US

**Current Mailing Address:**

4900 LINTON BLVD  
SUITE 20  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

FEI Number: 65-0682238      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GOLDWASSER, NEIL  
4348 KASSO CIRCLE  
BOCA RATON, FL 33487 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: GOLDWASSER, NEIL  
Address: 4348 KASSO CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

Title: PRES ( ) Delete  
Name: GOLDWASSER, SALLY  
Address: 4348 KASSO CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete  
Name: GOLDWASSER, DANIEL  
Address: 4348 KASSO CIRCLE  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: NEIL A GOLDWASSER

VP

02/28/2009

Electronic Signature of Signing Officer or Director

Date