


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90062 027 \*\*\*150.00

**DOCUMENT # P97000046015**

1. Entity Name  
**UNIQUE DESIGNS & FINISHES, INC.**



Principal Place of Business      Mailing Address

**1443 SE HUFFMAN RD.  
 PORT ST LUCIE, FL 34952    US**      **1443 SE HUFFMAN RD.  
 PORT ST LUCIE, FL 34952    US**

**DO NOT WRITE IN THIS SPACE**



02032005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**65-0757729**      Applied For  
 Not Applicable

5. Certificate of Status Desired     **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANKARPERSAD, HARRY  
 1680 NIEMEYER CIRCLE 1443 SE HUFFMAN ROAD  
 PORT ST LUCIE, FL 34952**

**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: *[Signature]* Pres. **HARRY SANKARPERSAD**      **2/3/05**

Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANKARPERSAD, HARRY
STREET ADDRESS	2274 DILL LN 2272 SE DILL LN
CITY - ST - ZIP	PORT ST LUCIE, FL 34952
TITLE	D
NAME	SANKARPERSAD, MALA
STREET ADDRESS	2274 DILL LN 2272 SE DILL LN
CITY - ST - ZIP	PORT ST LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Pres. **HARRY SANKARPERSAD**      **2/3/05**      **772-335-4884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #