


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000085847</b> 1. Entity Name UNIQUE OIL NO. 4, INC.	
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Principal Place of Business  
15055 NW 22ND AVE  
MIAMI, FL 33056

Mailing Address  
12305 S DIXIE HIGHWAY  
MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0791940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GORMAN, LENARD H  
1320 SOUTH DIXIE HWY  
PENTHOUSE 1275  
CORAL GABLES, FL 33146

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PVT FONTECILLA, CARLOS 12305 S DIXIE HIGHWAY MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GUEVARA, MIGUEL 12305 S DIXIE HIGHWAY MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEGELMAN, CAROL 12305 S DIXIE HIGHWAY MIAMI, FL 33156
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U00000351660  
05/02/05-80155-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05  
Date

Daytime Phone #