2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 02, 2005 08:00 AN DOCUMENT # P97000085860 **Secretary of State** UNIQUE OIL NO. 8, INC. Principal Place of Business Mailing Address **805 WEST ATLANTIC AVE** 12305 S. DIXIE HWY DELRAY BCH, FL 33444 MIAMI, FL 33156 04212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 65-0791935 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORMAN, LENARD H DO NOT WRITE 1320 S DIXIE HIGHWAY PENTHOUSE 1275 IN THIS SPACE CORAL GABLES, FL 33146 1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida, 1 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 reseatating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **PST** NAME FONTECILLA, CARLOS STREET ADDRESS 12305 S. DIXIE HWY CRTY-ST-ZIP MIAMI, FL 33156 TITLE **GUEVARA, MIGUEL** STREET ADDRESS 12305 S. DIXIE HWY CITY-ST-7/P MIAMI, FL 33156 U00000351663 05/02/05-80155-019 150.00 TITLE BEGELMAN, CAROL STREET ADDRESS 12305 S. DIXIE HWY. DO NOT WRITE CTTY-ST-ZIP MIAMI, FL 33156 TITLE IN THIS SPACE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C01Y-51-7/P TITLE MANE

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.

SIGNA"	THRE-
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STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone it