2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000022152

1. Entity Name
UNIQUE OFFICE SERVICES, INC.

Principal Place of Business	Mailing Address
17131 NE 6 AVE STE 101 NO MIAMI BEACH, FL 33162	17131 NE 6 AVE STE 101 NO MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

04122005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0823823	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

DUFF, MARLENE
12445 NW 20 COURT
MIAMI, FL 33167

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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 _Marlene Duff — President._   4/15/05

Signature, typed 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	DUFF, MARLENE
STREET ADDRESS	12445 NW 20 CT
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	CHARLTON, DAVE
STREET ADDRESS	12445 NW 20 CT
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	DIXON, MICHAEL
STREET ADDRESS	12445 N.W. 20CT.
CITY-ST-ZIP	MIAMI, FL 33167
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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04/21/05-80023-005 150.00

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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: _Duff — President_   4/15/05   (305) 770-2201

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