

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P98000022152

1. Entity Name
UNIQUE OFFICE SERVICES, INC.



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

Mailing Address
**17131 NE 6 AVE STE 101
NO MIAMI BEACH, FL 33162**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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

Marlene Duff
Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000722864
05/02/07-80048-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUFF, MARLENE
12445 NW 20 CT
MIAMI, FL 33167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHARLTON, DAVE
12445 NW 20 CT
MIAMI, FL 33167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIXON, MICHAEL
12445 N.W. 20CT.
MIAMI, FL 33167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Marlene Duff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 (305) 770-2201
Date Daytime Phone #