## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000022152

Name:

Address:

City-St-Zip:

DIXON, MICHAEL

12445 N.W. 20CT.

MIAMI, FL 33167

Entity Name: UNIQUE OFFICE SERVICES, INC.

FILED Apr 21, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
17131 NE 6 AVE STE 101 NO MIAMI BEACH, FL 33162			17131 NE 6 AVE SUITE 101 NO MIAMI BEACH, FL		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
17131 NE 6 AVE STE 101 NO MIAMI BEACH, FL 33162			17131 NE 6 AVE SUITE 101 NO MIAMI BEACH, FL 33162		
FEI Number:	65-0823823	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MIAMI, FL The above	20 COURT 33167 US		urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Age	nt	Date	
Election Car	npaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( DUFF, MARL 12445 NW 20 MIAMI, FL 33	CT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( CHARLTON, 12445 NW 20 MIAMI, FL 33	CT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARLENE DUFF D 04/21/2009