

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000097631



1. Entity Name
A UNIQUE SPECIALTY SERVICES CORP.

Principal Place of Business
**6556 MARGATE BLVD.
MARGATE, FL 33063**

Mailing Address
**6556 MARGATE BLVD.
MARGATE, FL 33063**



07282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0959637

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VACA, INES A
6556 MARGATE BLVD
MARGATE, FL 33063**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VACA, INES ALICIA 6556 MARGATE BLVD. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VACA, JAIME HERNAN 6556 MARGATE BLVD. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000169083
08/02/04-80003-014 150.00

**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)(f), 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: Ines Vaca. INES VACA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-28-04 (954) 917-0810
Date Daytime Phone #