2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

	MENT # S09119		Secretary of Stat				
1. Entity Name UNIQUE F	PERSPECTIVES, INC.						
Principal Place	of Business	Mailing Address	1				
3390 SW 131 DAVIE, FL 33		3390 SW 131 TERRACE DAVIE, FL 33330					
4.64 in the second			JOHN H JY/				
				02122007	No Chg-P	CR2E034 (11/	
D	O NOT WRITE	IN THIS SPA	CE:	4. FEI Numbe		CR2E034 (11/	Applied For
				65-022			Not Applicable
	with the second			5. Certificate	of Status Desired	□ \$8.75 Fee Red	Additional quired
	6. Name and Address of Current Re	egistered Agent	- 梅 · · · · · · · · · · · · · · · · · · ·	i di	4	<u>1</u>	
WAGNER, 3390 SW 11 DAVIE, FL				The state of the s	NOT WE	1,000	
the obligation	named entity submits this statement for toons of registered agent. Signature, typed or printed name of registered agent and			istered agent, or bot guired when reinstating)	h, in the State of Florid	da. I am familiar	with, and accept
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File After Ma	e NOWil! FEE IS \$150.00 ly 1, 2007 Fee will be \$550.00	Selection Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND D	RECTORS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 34	ı	
TITLE NAME	D WAGNER, PHYLLIS				•	· ·	
STREET ADDRESS	3390 SW 131 TERRACE						
CITY-ST-ZIP	DAVIE, FL 33330				3,00000066	<u>35772</u>	
TITLE NAME					:navsavnv-er	1043-010 i	150.00
STREET ADDRESS					€ - 1 · · · · · · · · · · · · · · · · · ·	the total	· · · · · · · · · · · · · · · · · · ·
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TITLE NAME				h (B)	· ·	÷*	
STREET ADDRESS				* no	NOT WE	SITE	p et d'e
CITY-ST-ZIP TITLE							·
NAME				in in	THIS SPA	ACE	
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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 of 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

03/10/2007-954/370-7300

Daytime Phone #