

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90175 034 ***150.00

DOCUMENT # P02000079964 1. Entity Name UNLIMITED ENTERPRISES GROUP, INC.																											
Principal Place of Business 26121 SW 130TH AVE HOMESTEAD, FL 33032		Mailing Address 26121 SW 130TH AVE HOMESTEAD, FL 33032																									
2. Principal Place of Business 1435 Archer Street Suite, Apt. #, etc.		3. Mailing Address 1435 Archer Street Suite, Apt. #, etc.																									
City & State Lehigh Acres, FL Zip 33972 Country US		City & State Lehigh Acres, FL Zip 33972 Country US																									
4. FEI Number 54-2065037		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GARCIA, ADOLFO F 14324 SW 136TH CT. MIAMI, FL 33186 		7. Name and Address of New Registered Agent Name Diaz, Sixto Alberto Street Address (P.O. Box Number is Not Acceptable) 1435 Archer Street City Lehigh Acres FL Zip Code 33972																									
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 _____ Sixto Alberto Diaz 4/18/06 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSD</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DIAZ, ALBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14324 SW 136TH CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33186</td> <td></td> </tr> </table>		TITLE	PSD	☐ Delete	NAME	DIAZ, ALBERTO		STREET ADDRESS	14324 SW 136TH CT.		CITY-ST-ZIP	MIAMI, FL 33186		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VPD</td> <td style="width:20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Diaz, Alberto</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2120 NE 7 PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cape Coral, FL 33909</td> <td></td> </tr> </table>		TITLE	VPD	☒ Change ☐ Addition	NAME	Diaz, Alberto		STREET ADDRESS	2120 NE 7 PL		CITY-ST-ZIP	Cape Coral, FL 33909	
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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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Sixto A. Diaz 4/18/06 (239)303-9419 Date Daytime Phone #																									