

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90031 022 ***150.00

DOCUMENT # P00000043828

1. Entity Name

UNLIMITED TURBOS, INC.



Principal Place of Business

18843 NW 89TH AVENUE
MIAMI FL 33018

Mailing Address

18843 NW 89TH AVENUE
MIAMI FL 33018

2. Principal Place of Business

3. Mailing Address

2950 W 84 ST Bay #3

2950 W 84 ST Bay #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hialeah, FL.

Hialeah, FL.

City & State

City & State

Zip

33018

Country

U.S.A.

Zip

33018

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBUERNE, LAZARO
18843 NW 89TH AVENUE
MIAMI FL 33018

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALBUERNE, LAZARO	
STREET ADDRESS	18843 NW 89TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALBUERNE, BARBARA	
STREET ADDRESS	18843 NW 89TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lazaro Albuerne

2-5-04

305-362-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #