



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90015 011 ***558.75

DOCUMENT # P01000053979 1. Entity Name UNLIMITED CONSTRUCTION OF SOUTH FLORIDA, INC.					
Principal Place of Business 8310 NW 7TH AVE #53 MIAMI, FL 33126			Mailing Address 8310 NW 7TH AVE #53 MIAMI, FL 33126		
2. Principal Place of Business 8310 N.W. 7th St. Suite, Apt. #, etc. Apt. 53 City & State Miami, FL Zip 33126		3. Mailing Address 8310 N.W. 7th St. Suite, Apt. #, etc. Apt. 53 City & State Miami, FL Zip 33126			
Country U.S.A.		Country USA		07142004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1108940				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RAMON SANCHEZ D 8310 NW 7TH AVE #53 MIAMI, FL 33126	
7. Name and Address of New Registered Agent Name Ramon Sanchez D Street Address (P.O. Box Number is NOT Acceptable) 8310 N.W. 7th Street Apt. 53 City Miami FL Zip Code 33126				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 Ramon D Sanchez <i>Ramon Sanchez</i> 8/11/04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPTD SANCHEZ, MARLON 3448 SW 112 AVENUE MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP VPTD SANCHEZ, RAMON D 8310 NW 7TH AVE MIAMI, FL 33126		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP President Sanchez, Ramon D. 8310 N.W. 7th Street Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]	
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: RAMON D. SANCHEZ <i>Ramon Sanchez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/11/04 (305) 218-02-52 <small>Date Daytime Phone #</small>	