

03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000057674

1. Entity Name

I & I UNLIMITED SERVICES, CORP.



FILED

03 SEP 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9725 SW 182 ST

Suite, Apt. #, etc.

3. Mailing Address

14410 SW 112 TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip
33157

Country
USA

Zip
33186

Country
USA

4. FEI Number

65-0998339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ISABEL SANCHEZ

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

9625 SW 182 ST

City

MIAMI

FL

Zip Code
33157

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

(NOTE: Registered Agent signature required when reinstating)

7/29/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
ISABEL SANCHEZ
9725 SW 182 ST
MIAMI, FL 33157

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
ISABEL SANCHEZ
14410 SW 112 TERR
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400022129554
08/07/03--01038--003 **150.00

TITLE
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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/03

(305)387-7105

Date

Daytime Phone #

CR2E034B (12/02)

June 09,2003

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O.BOX 6327
Tallahassee, Florida, 32314

Ref: I & I UNLIMITED SERVICES,CORP.

2003 UBR for Profit Corporation.

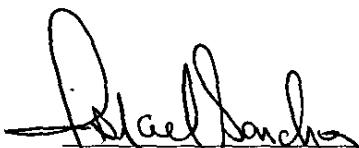
2004

We never got the 2003 Form annual report/uniform business from you.

So for the same reason We are sending you the payment of \$150.00.

We hope understand our situation.

Sincerely yours,


Israel Sanchez, Director