

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081421

Entity Name: OFFICES UNLIMITED INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

3350 S.W. 148TH AVE.
STE. 110
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

3350 S.W. 148TH AVE.
STE. 110
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 65-1131478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNICCHIARICO, FRANCISCO
3350 SW 148TH AVE
STE 110
HOLLYWOOD, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: AVILA, LEON A
Address: 8919 SW 150TH CT
City-St-Zip: MIAMI, FL 33196

Title: V () Delete
Name: AVILA, MAURICIO J
Address: 5010 SARAY WAY
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AVILA, LEON A
Address: 8919 SW 150TH CT
City-St-Zip: MIAMI, FL 33196

Title: VS (X) Change () Addition
Name: AVILA, MAURICIO J
Address: 5010 SARAY WAY
City-St-Zip: TALLAHASSEE, FL 32305

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON, AVILA

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date