

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000081421

FILED
Aug 21, 2008
Secretary of State**Entity Name:** OFFICES UNLIMITED INC.**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**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: AVILA, LEON A
Address: 8919 SW 150TH CT
City-St-Zip: MIAMI, FL 33196**Title:** VS () Delete
Name: AVILA, MAURICIO J
Address: 5010 SARAY WAY
City-St-Zip: TALLAHASSEE, FL 32305**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** V (X) Change () Addition
Name: PUENTE, EDGARD E
Address: 2100 K LINTON LAKE DR. APT D
City-St-Zip: DELRAY BEACH, FL 33445**Title:** T () Change (X) Addition
Name: ANNICCHIARICO, FRANCISCO S
Address: 14620 SW 41 STREET
City-St-Zip: MIRAMAR, FL 33027

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 A. AVILA

PD

08/21/2008

Electronic Signature of Signing Officer or Director_____
Date