2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P02000037300 1. Entity Name PRE-PAID UNLIMITED, INC.						04-28-2004 90191 046 ***158.75				
Principal Place of Business Mailing Address								9407	0055	ı
16804 HAWKRIDGE RD 16804 HAWKRIDGE R			İ					0 1 0 .		
LITHIA, FL 3		LITHIA, FL 33547								
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Principal Place of Business 3. Mailing Address										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				03122004	Chg-P	CR2E03	34 (10/03)	
City & State		City & State			4. FEI Number Applied For 03-0421766 Not Applied					
Zip-, Gountry-		Zip Coun		try	5. Certificate of Status Desired			S8.75 Additional Fee Required		
	Registered Agent				7. Name and	Address of New R	egistered A	gent		
2070 10	0			Name						
SOTO, JOSE R 16804 HAWKRIDGE RD				Street Address (P.O. Box Number is Not Acceptable)						
LITHIA, FL 33547								4		
				City					Zip Code	
				<u> </u>						
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. It 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 NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10. OFFICERS AND DIRECTORS 11.						ADDITIONS/0	CHANGES TO OFFI	CERS AND	DIRECTORS	SIN 11
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NAME	SOTO, JOSE R									[
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CITY-ST-ZIP	LITHIA, FL. 33547							* ******	☐ Change	L-Addition
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12. I hereby certify that the information supplied with this filling 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 truttee 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.										

of the corporation of the receiver of intrace empowered to execute this report as required by Chapter 607, Florida Statutes, and that my mane appropriate changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPING OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #