2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P02000062311 Feb 01, 2006 08:00 AM 1. Entity Name **Secretary of State** UNLIMITED SERVICES FOR YOU INC. Principal Place of Business Mailing Address 2756 FLORAL RD. 2756 FLORAL RD. LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mading Address Suite, Apt #. etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 01-0706118 Not Applicable Ζip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIEDRA, MERARI 2756 FLORAL RD. Street Address (P.O. Box Number is Not Acceptable) LANTANA FL 33462 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ₽ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSTD** ☐ Delete THE ☐ Change ☐ Addition NAME PIEDRA, MERARI NAME U00000413660 STREET ADDRESS STREET ADDRESS 2756 FLORAL RD. 02/11/06-80003-016 150.00 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 TITLE TITLE ☐ Delete ☐ Change ☐ Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE Delete .__. HILE Change __ _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change 🔲 Addijiu NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete DILE Change Addition NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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: MENATURE AND APPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31/06 561-222-4553