## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # P03000035048 1. Entity Name UNLIMITED RESOURCES CENTER, INC. Mailing Address Principal Place of Business 651 NE 203RD LANE 651 NE 203RD LANE MIAMI, FL 33179 MIAMI, FL 33179 CR2E034 (11/05) 04122006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0782599 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent RAIMONDO, NANCY DO NOT WRITE 651 NE 203RD LANE MIAMI, FL 33179 IN THIS SPACE 3. The above named entity submits this elatement 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 d or printed name of registered agent and title if applica (NOTE, Registered Agent signature required when reinsta DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS D TITLE NAME RAIMONDO, NANCY STREET ADDRESS 651 NE 203RD AVENUE CITY-ST-ZIP MIAMI, FL 33179 U00000519920 05/02/06-80073-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 cytrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Daytime Phone #