

DOCUMENT # P03000095880

1. Entity Name
UNLIMITED COMMUNICATIONS, INC.

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90003 035 ***150.00

Principal Place of Business

1744 NW 81ST WAY
PLANTATION, FL 33322 US

Mailing Address

1744 NW 81ST WAY
PLANTATION, FL 33322 US

2. Principal Place of Business

11441 NW 39th PLACE

3. Mailing Address

11441 NW 39th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05172006

Chg-P

CR2E034 (11/05)

City & State

SUNRISE FL

City & State

SUNRISE, FL

4. FEI Number

55-0845247

Applied For

Not Applicable

Zip

33323

Country

US

Zip

33323

Country

US

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VINALS, LUIS
1744 NW 81ST WAY
PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name VINALS, RAFAEL

Street Address (P.O. Box Number is Not Acceptable)

11441 NW 39th PLACE

City SUNRISE

FL

Zip Code 33323

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P/D ☒ Delete
 NAME VINALS, LUIS
 STREET ADDRESS 1744 NW 81ST WAY
 CITY-ST-ZIP PLANTATION, FL 33322

TITLE VP/D ☐ Delete
 NAME VINALS, RAFAEL
 STREET ADDRESS 11441 NW 39TH PLACE
 CITY-ST-ZIP SUNRISE, FL 33323

TITLE TR/D ☒ Delete
 NAME VINALS, JASLINE
 STREET ADDRESS 1744 NW 81ST WAY
 CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P/D ☒ Change ☐ Addition
 NAME VINALS, RAFAEL
 STREET ADDRESS 11441 NW 39th PLACE
 CITY-ST-ZIP SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAFAEL VINALS

6/3/06

954-448-4073