## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2008 08:00 All Secretary of State **DOCUMENT # P04000054672** BUSINESS UNLIMITED CORP. Mailing Address Principal Place of Business 8603 S DIXIE HWY 8603 S DIXIE HWY STE 203 STE 203 MIAMI, FL 33143 MIAMI, FL 33143 03252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1088672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.. Name and Address of Current Registered Agent VICTORIA, RICARDO DO NOT WRITE 8603 S DIXIE HWY **STE 203** IN THIS SPACE MIAMI, FL 33143 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. (NOTE: Registered Agent signature required when reinstating). Signature, typed or printed name of recistered agent and title if applicable HIS No. 12" 3.01 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VICTORIA, RICARDO NAME 8603 S DIXIE HWY, STE 203 STREET ADDRESS U00000309656 05/06/08-80079-006 150.00 MIAMI, FL 33143 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4//4/08

3056690080

Daytime Phone #

**FILED**