2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90224 050 ***150.00

DOCUMENT # P04000104914

1. Entity Name
PERSPECTIVES UNLIMITED, INC.

Principal Place of Business	Mailing Address
1951 NE 15TH AVE FT LAUDERDALE, FL 33305	1951 NE 15TH AVE FT LAUDERDALE, FL 33305

04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1951 NE 15 Ave, Ft. Lauderdale, Fl 33305	(See above)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: U.S.A.	Zip / Country

4. FEI Number 201439681 — ✓ Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PALAZZO, DENISE
1951 NE 15TH AVE
FT LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Denise Palazzo [signature] 4-14-05
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR/President	☐ Delete
NAME	PALAZZO, DENISE	
STREET ADDRESS	3016 S OAKLAND FOREST DR - # 2904	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing 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 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] Denise Palazzo 4-14-05 954-563-8636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #