


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90196 020 ***150.00

DOCUMENT # P04000135289 1. Entity Name UNLIMITED RECOVERY INC.					
Principal Place of Business 17802 SW 54TH ST. SOUTHWEST RANCHES, FL 33331--220 8			Mailing Address 17802 SW 54TH ST. SOUTHWEST RANCHES, FL 33331--220 8		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2152920	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DIAZ, CARLOS A JR. 17802 SW 54TH ST. SOUTHWEST RANCHES, FL 33331--220				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
P DIAZ, CARLOS A JR 17802 SW 54TH ST. SOUTHWEST RANCHES, FL 33331-220			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
ST DIAZ, AIDA 17802 SW 54TH ST. SOUTHWEST RANCHES, FL 33331-220			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>AIDA DIAZ</u> 4-27-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ST Date Daytime Phone #					

66020079



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