

P05000010185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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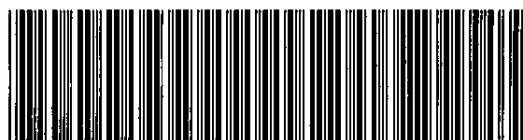
(Business Entity Name)

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOUSES UNLIMITED INC.
Name of Corporation

DOCUMENT NUMBER: P05000010185

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MUSHTAQ MIAN
Name of Contact Person

HOUSES UNLIMITED INC.
Firm/Company

P.O.BOX 9573
Address

CORAL SPRINGS FL 33075
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUSHTAQ MIAN at (954) 7735373
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

IN RE
SECRETARY OF STATE
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