FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P05000061215

Unlimited Pool 4 Spa Services Inc.



Jul 25, 2007 8:00 am Secretary of State 07-25-2007 90047 001 ***150.00

DO NOT WRITE IN THIS SE	PACE	
2. Principal Place of Business 3. Mailing Address 8552 Windsor Dr. 8552 Winds	or Dr.	40127138
Suite, Apt. #, etc. Suite, Apt. #, etc.		CR2E034B (8/05)
City & State Miramar FI. City & State Hiramar	FI.	4. FEI Number Applied For Not Applied For Not Applicable
Zip Country Zip 33025 33025	Broward	5. Certificate of Status Desired See Required Fee Required
		7. Name and Address of Current Registered Agent
		inque Callas
DO NOT WRITE	Street Address	s (P.O. Bòx Number is Not Acceptable)
IN THIS SPACE	10	
ų.	City	Zip Code
		
The above named entity submits this statement for the purpose of changing its the obligations of registered agent.	registered office or registi	lered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE FUND UE CAJIAT Signature, typed or printed name of registered agent and talle if applicable (NOTE	E Registered Agent signature requir	red when reinstating) $\frac{7/23/07}{DATE}$
January 1 - May 1 Fee is \$150.00		O. Fleeting Committee Financian
After May 1, Fee is \$550.00 Amended AR is \$61.25		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS	TITLE	
Dresidente.	NAME	
STREET ADDRESS 8502 windon Dr.	STREET ADDRESS	
CITY-ST-ZIP Hiramor # 33025	CITY-ST-ZIP	
Title Irma M. Cajias NAME Vice precident	TITLE	
STREET ADDRESS PAS 2 Windson Dr.	NAME CYREET LODGEGG	
CITY-ST-ZIP Wramar F1. 33026	STREET ADDRESS CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.437-9981

ATTACHMENT 40/27/38 F PO5 00006/215

To whom it concern: I Enrique Cajias President of Unlimited pool & Spa Ser. Inc this Is to inform you I did not received the annual report notice, I move to a different Address. We told the new owner to let us now when arrive, but she never call, that is why we call you so you can send us another one by our new address 8552 Windsor Dr. Miramar fl 33025.

We appreciate your concern. We are sending the check follow by the letter that you request and the application. Theck \$50.00 \$1298

PRESIDENT Enrique Cajias/

gua to go

Irma Cajias

07/23/2007