

9/11/2006-90004-039-\$550.00-\$550.00

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20-3081897

2nd MOORE — CR2E034 (4/06)

DOCUMENT # P05000092754				FILED	
1. Entity Name POSADA UNLIMITED, INC.				2006 SEP 22 PM 2: 56	
Principal Place of Business 7039 W 30TH LN HIALEAH FL 33018		Mailing Address 7039 W 30TH LN HIALEAH FL 33018		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address		20-3081897	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2nd MOORE - CR2E034 (4/06)	
City & State		City & State		4. FFI Number	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
POSADA, GOAR J 7039 W 30TH LN HIALEAH FL 33018		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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		9/5/06 (305) 257-8863			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

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