


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 20, 2008 8:00 am**  
**Secretary of State**

06-20-2008 90002 011 \*\*\*150.00

**DOCUMENT # P05000092754**

1. Entity Name  
**POSADA UNLIMITED, INC.**



Principal Place of Business  
**7039 W 30TH LN  
 HIALEAH, FL 33018**

Mailing Address  
**7039 W 30TH LN  
 HIALEAH, FL 33018**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**POSADA, GOAR J  
 7039 W 30TH LN  
 HIALEAH, FL 33018**

40100100



05192008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3081897**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSADA, GOAR J 7039 W 30TH LN HIALEAH, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

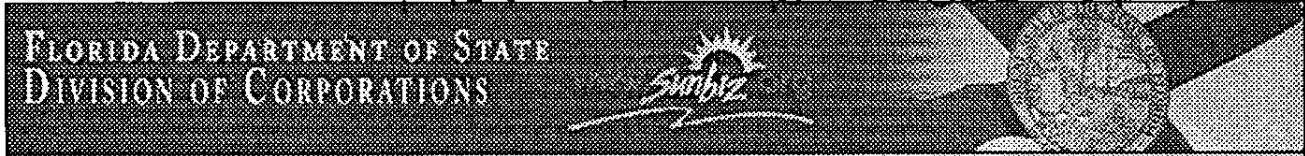
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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:  **5-28-08** **305-299-8863**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40108769

005000092754



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Document Number      P05000092754  
 Business Entity Name      POSADA UNLIMITED, INC.  
 FEI Number      203081897  
 FEI Number Status  
 Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

### Principal Place of Business

Address      7039 W 30TH LN  
 City, State      HIALEAH, FL  
 Zip Code & Country 33018

### Mailing Address

Address      7039 W 30TH LN  
 City, State      HIALEAH, FL  
 Zip Code & Country 33018

### Name And Address of Registered Agent

Name (Last, First, Middle, Title) POSADA, GOAR , J  
 Address      7039 W 30TH LN  
 City, State      HIALEAH, FL  
 Zip Code & Country      33018 US

### Officer/Director Name And Address

#### Name And Address #1

Title      PD  
 Name (Last, First, Middle, Title) POSADA, GOAR , J  
 Street Address      7039 W 30TH LN  
 City, State      HIALEAH, FL  
 Zip Code & Country      33018

Title      PD  
 Officer/Director Signature POSADA, GOAR J.

4-28-2008