2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State
03-30-2007 90145 040 ***150.00

DOCUMENT # P06000026973

1. Entity Name
CACTUS UNLIMITED, INC.

Principal Place of Business	Mailing Address
1034 SW 12TH AVENUE MIAMI FL 33130	1034 SW 12TH AVENUE MIAMI FL 33130

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1199 WEST FLAGLER ST	1199 WEST FLAGLER ST
Suite, Apt. #, etc.: 16	Suite, Apt. #, etc.: 16
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33130 Country: USA	Zip: 33130 Country: USA

1st MOORE CR2E034 (10/06)

4. FEI Number: 204371207 ☐ Applied For ☐ Not Applicable

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
GARCIA, DELIA 1034 SW 12TH AVENUE MIAMI FL 33130	Name: GARCIA, DELIA Street Address (P.O. Box Number is Not Acceptable): 1199 WEST FLAGLER STREET SUITE 16 City: MIAMI FL Zip Code: 33130

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: X DELIA GARCIA PRESIDENT 2/14/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PD GARCIA, DELIA 1034 SW 12TH AVENUE MIAMI FL 33130	☐ Delete	PD GARCIA, DELIA 1199 WEST FLAGLER STREET STE 16 MIAMI, FL., 33130	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DELIA GARCIA PRESIDENT 2/14/07 (305) 305-6512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Check 1042