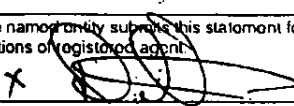
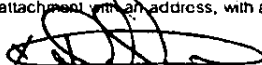


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 1034 SW 12TH AVENUE MIAMI FL 33130			Mailing Address 1034 SW 12TH AVENUE MIAMI FL 33130		
2. Principal Place of Business - No P.O. Box # 1199 WEST FLAGLER ST		3. Mailing Address 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	4. FEI Number 204371207	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, DELIA 1034 SW 12TH AVENUE MIAMI FL 33130				7. Name and Address of New Registered Agent Name GARCIA, DELIA Street Address (P.O. Box Number is Not Acceptable) 1199 WEST FLAGLER STREET SUITE 16 City MIAMI FL 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 		DELIA GARCIA PRESIDENT		DATE 2/14/07	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when re-appointing)		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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, DELIA 1199 WEST FLAGLER STREET STE-16 MIAMI, FL, 33130	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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		DATE 2/14/07 (305) 305-6512	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	

check 1042