## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000134941

Entity Name: UNLIMITED TRANSPORT SERVICES, INC.

HOMESTEAD, FL 33030

City-St-Zip:

FILED Apr 25, 2007 Secretary of State

| Current Principal Place of Business:          |   |                                       | New Principal Place of Business:             |  |
|---|---|---------------------------------------|--|--|
| 641 WOOI<br>KISSIMME                          | D DRIVE<br>E, FL 34759                                |                                       |  |  |
| Current Mailing Address:                      |   |                                       | New Mailing Address                          | s:                                     |
| 641 WOOI<br>KISSIMME                          | D DRIVE<br>E, FL 34759                                |                                       |  |  |
| FEI Number: 20-5838904                        |   | FEI Number Applied For ( )            | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )      |
| Name and Address of Current Registered Agent: |   |                                       | Name and Address of New Registered Agent:    |  |
| The above                                     | D DRIVE<br>E, FL 34759<br>named entity s              | US<br>ubmits this statement for the p | ourpose of changing its registered           | d office or registered agent, or both, |
| in the State                                  | e of Florida.   |                                       |  |  |
| SIGNATU                                       |   |                                       |  |  |
|   | Electron  | ic Signature of Registered Age        | ent  | Date                                   |
| Election Car                                  | mpaign Financing                                      | Trust Fund Contribution ( ).          |  |  |
| OFFICERS AND DIRECTORS:                       |   |                                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P ()<br>ARROYO, SAIR<br>641 WOOD DRI<br>KISSIMMEE, FL | VE                                    | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:                   | P (X)<br>PEREZ, MARIO<br>18860 SW 316                 | Delete<br>ST                          | Title:<br>Name:<br>Address:                  | () Change () Addition                  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAIRA ARROYO P 04/25/2007