

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000101569

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** ACCOUNTING UNLIMITED SOLUTIONS INC

**Current Principal Place of Business:**

8405 HIMES AVE  
STE 215  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

8405 HIMES AVE  
STE 215  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 27-4292866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUZ, FRANCISCO  
8405 HIMES AVE  
STE 215  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRUZ, FRANCISCO  
Address: 15010 OTTO RD  
City-St-Zip: TAMPA, FL 33624 US

Title: VP  
Name: GOMEZ, MERLIN I  
Address: 4102 ANGEL WING CT  
City-St-Zip: LUTZ, FL 33558 US

Title: S  
Name: CRUZ, JESSICA M  
Address: 15010 OTTO RD  
City-St-Zip: TAMPA, FL 33624 US

I hereby 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 all other like empowered.

SIGNATURE: FRANCISCO CRUZ

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date