

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000041966

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** UNLIMITED INSURANCE CORPORATION

**Current Principal Place of Business:**

6417 STIRLING RD  
DAVIE, FL 33314

**New Principal Place of Business:**

7777 DAVIE RD. EXT  
104-B  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

6417 STIRLING RD  
DAVIE, FL 33314

**New Mailing Address:**

7777 DAVIE RD. EXT.  
104-B  
HOLLYWOOD, FL 33024

**FEI Number:** 65-0781435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVERBUJ, VICTOR W  
11383 SW 13 STREET  
DAVIE, FL 33325 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: PRES  
Name: AVERBUJ, VICTOR W  
Address: 11383 SW 13 ST  
City-St-Zip: DAVIE, FL 33325

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: VICTOR W AVERBUJ

PRES

04/08/2012

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

\_\_\_\_\_  
Date