## **2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

SIGNATURE

## Feb 20, 2006 8:00 am Secretary of State DOCUMENT # P98000008823 1. Entity Name 02-20-2006 90054 027 \*\*\*150.00 UNLIMITED MARINA, INC. Principal Place of Business Mailing Address 7250 N.W. 41ST ST 7250 N.W. 41ST ST MIAMI FL 33166-6799 MIAMI FL 33166-6799 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0832892 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRANZA, GUILLERMO D Street Address (P.O. Box Number is Not Acceptable) 7250 N.W. 41ST ST MIAMI FL 33166-6799 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition NAME RUBIO, JOSE D NAME \_. Vice-President STREET ADDRESS 7250 N.W. 41ST ST - -STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166-6799 CITY-ST-7/P TITLE STD Delete TITLE Change Addition NAME CARRANZA, GUILLERMO D NAME PRESIDENT STREET ADDRESS 7250 N.W. 41ST ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166-6799 CITY-ST-ZIP TITLE \_ Delete TITLE Change ---- Addition-STD NAME NAME CARRANZA, ALFREDO S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7250 N.W. 41 St Miami,Fl.33166-6799 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of suppliemental 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 receipt of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

Guillermo D. Carranza, Pres. (305)592-3750

**FILED**