

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 03, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P99000033896**

1. Entity Name  
**UNLIMITED VENTURES INC.**



Principal Place of Business  
**451- 34TH ST N.  
ST. PETERSBURG, FL 33713**

Mailing Address  
**3052 7TH AVE. NORTH  
ST. PETERSBURG, FL 33713**



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3567412**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SINGH, SHANTIA  
3052 7TH AVE. NORTH  
ST. PETERSBURG, FL 33713**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JAI, SINGH  
3052 7TH. AVENUE NORTH  
SAINT PETERSBURG, FL 33713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/S  
SINGH, SHANTIA  
3052 7TH AVE N.  
SAINT PETERSBURG, FL 33713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SAMLALL, CHAITNARINE  
3052 7TH. AVENUE NORTH  
ST. PETERSBURG, FL 33713**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000213007  
02/03/05-80054-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/31/05 727 323 3101**