

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000065093 1. Entity Name UNLIMITED POST, INC.	
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Principal Place of Business 2588 WEST 84 STREET HIALEAH, FL 33016 US	Mailing Address 2588 WEST 84 STREET HIALEAH, FL 33016 US
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0943064	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**TEJEDA DIAZ, RUBEN DARIO
7831 N.W. 193RD TERRACE
MIAMI, FL 33015**

**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 reinstating) 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 TEJEDA, ELIANA P 7831 N.W. 193RD TERRACE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, GERDA KATHY 1554 CORNADO ROAD FORT LAUDERDALE, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEJEDA DIAZ, RUBEN DARIO 7831 NW 193RD TERRACE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINERO, JUSTO A 1554 CORONADO RD. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/05-80011-023 150.00

**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)(f), 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: Justo A. Pinero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2005 305/558-8782
Date Daytime Phone #