

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000065093

1. Entity Name
UNLIMITED POST, INC.



Principal Place of Business
**2588 WEST 84 STREET
HIALEAH, FL 33016 US**

Mailing Address
**2588 WEST 84 STREET
HIALEAH, FL 33016 US**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0943064

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000402348
02/03/06-80004-016 150.00**

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2006 305/558-8
Date Daytime Phone #