


2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/2

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-27-2006 90068 050 ***150.00

DOCUMENT # S05082 1. Entity Name HORIZONS UNLIMITED, INC.	
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Principal Place of Business 12864 BISCAYNE BLVD NORTH MIAMI, FL 33181-2007	Mailing Address 12864 BISCAYNE BLVD NORTH MIAMI, FL 33181-2007
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02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0227695	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHORR, STEPHAN A 2101 N. ANDREWS AVENUE, SUITE 400 FT. LAUDERDALE, FL 33311

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, GILL 12864 BISCAYNE BLVD N MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, RUTH A 12864 BISCAYNE BLVD N MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Ruth A. Rodriguez, Vice President 3/9/06 305-899-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66004646

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

HORIZONS UNLIMITED, INC.
12864 BISCAYNE BLVD
NORTH MIAMI, FL 33181-2007

Subject: HORIZONS UNLIMITED, INC.

Reference Number: S05082

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION