


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S14159</b> 1. Entity Name UNLIMITED MORTGAGE SERVICES INC.	
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Principal Place of Business 1390 SOUTH DIXIE HIGHWAY 2209 CORAL GABLES, FL 33146 US	Mailing Address 1390 SOUTH DIXIE HIGHWAY 2209 CORAL GABLES, FL 33146 US
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02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0230342	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  BLUM, GISELE V 1390 S. DIXIE HIGHWAY 2209 CORAL GABLES, FL 33146
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**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

UD00000427221  
02/20/06-60075-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BLUM, GISELE 1390 S. DIXIE HIGHWAY - STE 2209 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BLUM, GISELE 1390 S. DIXIE HIGHWAY - STE 2209 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP CUERVO, MARIA L 1390 S. DIXIE HIGHWAY - STE 2209 CORAL GABLES, FL 33146
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**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:  VP.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 305-665-9070  
Date Daytime Phone #