
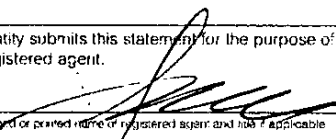


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90002 027 \*\*\*150.00

<b>DOCUMENT # S47366</b> 1. Entity Name UNLIMITED IMPORTS OF PLANTATION INC.					
Principal Place of Business 2979 HIGHWAY 2 BONIFAY, FL 32425 US			Mailing Address P.O. BOX 590772 FORT LAUDERDALE, FL 33359 US		
2. Principal Place of Business - No P.O. Box # <b>6940 NW DENARGO ST</b>		3. Mailing Address <b>6940 NW DENARGO ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08112008    Chg-P    CR2E034 (12/06)	
City & State <b>PORT ST LUCIE</b>		City & State <b>PORT ST LUCIE</b>		4. FEI Number <b>65-0256548</b>	
Zip <b>34983</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOYOS, LUIS F. OWNER</b> <b>9809 NW 70TH CT</b> <b>TAMARAC, FL 33321</b>			7. Name and Address of New Registered Agent Name <b>LUIS F. HOYOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6940 NW DENARGO ST</b> City <b>PORT ST LUCIE</b> <b>FL</b> Zip <b>34983</b>		
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 				DATE <b>8-12-08</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOYOS, LUIS <input type="checkbox"/> Delete 9809 NW 70TH CT TAMARAC, FL 33321				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUIS HOYOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6940 NW DENARGO ST PORT ST LUCIE, FL 34983				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: 				DATE <b>8-12-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					