2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # V26004**

OPPORTUNITY UNLIMITED INTERNATIONAL, INC.



**FILED** Mar 17, 2004 08:00 AM Secretary of State

| Principal | Place | of | Business |
|-----------|-------|----|----------|
|-----------|-------|----|----------|

Mailing Address

2756 NE 37TH DRIVE

FT. LAUDERDALE, FL 33308

P.O. BOX 11600

FT. LAUDERDALE, FL 33339



CB2F034 (10/03)

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|----------------------------------|-------------------|----------------|
| 4. FEI Number                    |                   | Applied For    |
| 65-0324409 <sup>-</sup>          |                   | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional |                |

| 6. Name and Address of Current Registered Agent                |       |       |  |  |
|--|-------|-------|--|--|
| REYNOLDS, DOU<br>SUITE 1700<br>350 E. LAS DLAS<br>FORT LAUDERD | BLVD. | <br>⊑ |  |  |

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| FORTLAU   | JDERDALE, FL 33301  |  |                  | 114                            | IIIIO OI AOL  |
|---|---|--|------------------|--------------------------------|---|
|   | named entity submits this statement for the plants of registered agent. | surpose of changing its registers                | ed office or r   | egistered agent, or bo         | oth, in the State of Elorida. I am familiar with, and accept  |
| SIGNATURE_                                      | Signature, typed or printed name of registered agent and title          | ll applicable (NOTE, Registere                   | d Agent signatur | a required when reinstating)   | DATE  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00             | Election Campaign Finar Trust Fund Contribution. | ncing 🔲          | \$5.00 May Be<br>Added to Fees | U00000091231<br>03/17/04-80051-015 150.00                     |
| 10.   | OFFICERS AND DIREC  | CTORS _  |                  |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP  | DP<br>REYNOLDS, DENISE<br>2756 NE 37TH DRIVE<br>FT LAUDERDALE, FL       |  |                  |                                |   |
| title<br>Name<br>Street address<br>City-St-Zip  |   |  |                  |                                |   |
| TITLE<br>NAMF<br>STREET ADDRESS<br>CITY+ST-ZIP  |   |  | DO NOT WRITE     |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHAY-ST-ZIP  |   |  |                  | IN '                           | THIS SPACE  |
| TITLE<br>NAME<br>STREET ABDRESS<br>CITY \$1-ZIP |   |  |                  |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP   |   |  |                  |                                |   |
| 12. Thereby o                                   | cently that the information supplied with this fi                       | ling does not qualify for the exe                | mption state     | d in Section 119 07(3)         | (i), Florida Statules. I further certify that the information |

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: