

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005817

FILED
Feb 25, 2008
Secretary of State

Entity Name: CANCUN UNLIMITED SA DE CV, CO

Current Principal Place of Business:

BOULEVARD KUKULAKAN MZ 2 LOTE 3 KM 8.5
ZONA HOTELERA
CANCUN QUINTANA ROO,

New Principal Place of Business:

BOULEVARD KUKULAKAN MZ 2 LOTE 3 KM 8.5
ZONA HOTELERA
CANCUN QUINTANA ROO, MX

Current Mailing Address:

C/O COVE & ASSOCIATES
225 S 21ST AVE
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 26-1625651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVE & ASSOCIATES PA
225 SOUTH 21ST AVE
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUATLIXCALE, NORBERTO
Address: BLVD KUKULAKAN MZ 2 LOTE 3 KM 8.5
City-St-Zip: CANCUN QUINTANA ROO,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CUATLIXCALE, NORBERTO
Address: BLVD KUKULAKAN MZ 2 LOTE 3 KM 8.5
City-St-Zip: CANCUN QUINTANA ROO, MX

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORBERTO CUATLIXCALE

P

02/25/2008

Electronic Signature of Signing Officer or Director

_____ Date