


06 APR -4 AM 10: 51

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

03-01-2006 90025 018 ***150.00

DOCUMENT # P98000061966			
1. Entity Name COLON RAMIREZ AUTO SALES, INC.			
Principal Place of Business 1043-A S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805		Mailing Address 1043-A S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02142006	Chg-P CR2E034 (11/05)
		4. FEI Number 59-3524600	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLON, JOSE L 1043-A S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLON, JOSE L 4900 S. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34758 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rosario, Marisol 3756 Seminole Drive Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMIREZ, LESTER M 2625 CAHOKIA CT. KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Rosario-Cingoz, Milagros 3756 Seminole Drive Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, AMLCAR 2825 CAHOKIA CT. KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rosario, Marc A. 3756 Seminole Drive Orlando, FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLON, NELSON 514 WECHSLER CR ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Colon, Jose L. 4900 S. Orange Blossom Trail Kissimmee, FL 34758 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, MARISOL 3756 SEMINOLE DR. ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, MARK A 3756 SEMINOLE DR. ORLANDO, FL 32812 <input type="checkbox"/> Delete	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: <i>Marisol Rosario</i>		Rosario, Marisol, President 2/17/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

4/40

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet
MA300002167

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000089383 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR -4 AM 9:20

LIMITED LIABILITY REINSTATEMENT

UNISON INDUSTRIES, LLC

RECEIVED
06 APR -4 PM 3:55
DIVISION OF CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$205.00

Electronic Filing Menu

Corporate Filing Menu

Help