

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 034 ***150.00

DOCUMENT # 534687

1. Entity Name

RAILINGS UNLIMITED, INC.



Railings Unlimited, Inc.

2915 S.W. 2nd Ave
Ft. Lauderdale, FL 33315
954-764-2784

Mailing Address

2915 S.W. 2nd Ave
FORT LAUDERDALE FL 33315

2. Principal Place of Business

2915 S.W. 2nd Ave
Suite, Apt. #, etc.

3. Mailing Address

2915 S.W. 2nd Ave
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

4. FEI Number

59-1733228

Applied For

Not Applicable

Zip

33315

Country

BROWARD

Zip

33315

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTRO JOSE
14400 SW 24TH ST
DAVIE FL 33325

7. Name and Address of New Registered Agent

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME CASTRO, JOSE
STREET ADDRESS 14400 S.W. 24TH ST.
CITY-ST-ZIP DAVIE FL

TITLE VP ☐ Delete
NAME CASTRO, JOSEPH
STREET ADDRESS 901 NE 18 COURT, APT. 206
CITY-ST-ZIP FORT LAUDERDALE FL 33305

TITLE D ☐ Delete
NAME CASTRO, OLGA MARTA
STREET ADDRESS 14400 SW 24TH STREET
CITY-ST-ZIP DAVIE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE CASTRO PRESIDENT MAR 9-2005 954-764-2784

Date

Daytime Phone #