


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90225 001 ***317.50

DOCUMENT # 548072 1. Entity Name EPOXIES UNLIMITED, INC.	
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Principal Place of Business 1251 BURLINGTON ST OPA LOCKA, FL 33054	Mailing Address 1251 BURLINGTON ST OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2443097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, JANINE
1251 BURLINGTON STREET
OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FLYNN, JANINE 1251 BURLINGTON STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWN BUHLER, MARGUERITE 1251 BURLINGTON STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WILLIAMS, MAUREEN 1251 BURLINGTON STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Maureen Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06 3056813561
Date Daytime Phone #