

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F10764

1. Entity Name
UNITY GENERAL DISTRIBUTORS, INC.



Principal Place of Business
**2860 WEST 3 COURT
P. O. BOX 161554
MIAMI, FL 33116-1554**

Mailing Address
**2860 WEST 3 COURT
P. O. BOX 161554
MIAMI, FL 33116-1554**



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1285754

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUSO, OMAR
10125 SW 115 COURT
MIAMI, FL 33176**

**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
11/00/000233155

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

04/16/08-80069-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSO, ANTONIO
STREET ADDRESS	1830 SOUTH OCEAN DR. TOWER 2 UNIT 3701
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	ST
NAME	RUSO, IRMA M
STREET ADDRESS	1830 SOUTH OCEAN DR TOWER 2- UNIT 3701
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VPD
NAME	RUSO, OMAR
STREET ADDRESS	11055 NW 72 TERRACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VPD
NAME	RUSO, VANESSA
STREET ADDRESS	6206 NW 113 CT
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #