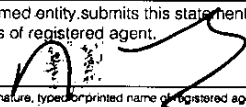
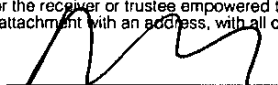


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 022 ***150.00

DOCUMENT # M60936 1. Entity Name DISKETTES UNLIMITED, INC.					
Principal Place of Business DISKETTES UNLIMITED 1782 SANS SOUCI BLVD NORTH MIAMI, FL 33181 US			Mailing Address DISKETTES UNLIMITED, INC. 1782 SANS SOUCI BLVD NORTH MIAMI, FL 33181 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0015032	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LANG, NELSON 1782 SANS SOUCI BLVD N MIAMI, FL 33181				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:  (NOTE: Registered Agent signature required when reinstating) DATE: 08-05-05					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, NELSON 11610 NE 20TH DR MIAMI, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 			Date: 08-05-05 3:58 PM Phone: 999-1603		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50060479



07142005 Chg-P CR2E034 (10/03)



ATTACHMENT

50060479

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 14, 2005

FELIPE R. RUIZ
8390 W FLAGLER ST
SUITE 219
MIAMI, FL 33144 US

SUBJECT: DISKETTES UNLIMITED, INC.
Ref. Number: M60936

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 705A00046473

FROM: 0

PHONE NO. (305) 559-4094

Jun. 30 2005 08:59AM P1

ATTACHMENT
50060479

FELIPE R. RUIZ

**CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FAMILY MEDIATOR
8390 W. FLAGLER ST., SUITE 219
MIAMI, FL. 33144
TEL. (305) 552-9048
FAX. (305) 559-4094
EMAIL:FRUIZCPA@AOL.CO**

June 30, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: DISKETTES UNLIMITED, INC
Doc #: M60936

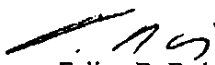
Enclosed is the above referenced taxpayer's annual report for 2005. Please note our firm is in the process of updating the company's accounting record and discovered that the report had not been filed.

The corporation has moved from 1782 SANS SOUCI BLVD, NORTH MIAMI, FL 33181 as reflected on the enclosed 2005 annual report to P O BOX 531309 MIAMI, FL 33153. Because of these reasons the taxpayer never received their original annual report.

It was not the taxpayer's intention to file late: therefore, we respectfully request that you accept the \$150.00 filing fee and waive all late payment penalties.

If you have any questions regarding this matter feel free to contact me.

Sincerely yours,


Felipe R. Ruiz

**ATTACHMENT**
50060479
Division of Corporations**Annual Report****Annual Report Help**

Document Number

M60936

Business Entity Name

DISKETTES UNLIMITED, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

650015032

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

DISKETTES UNLIMITED

Suite, Apt. #, etc.

1782 SANS SOUCI BLVD

City, State

NORTH MIAMI**FL**

Zip Code & Country

33181**US****P.O. Box 531309**
MIAMI FL
33153**Mailing Address**

Address

DISKETTES UNLIMITED, INC.

Suite, Apt. #, etc.

1782 SANS SOUCI BLVD

City, State

NORTH MIAMI**FL**

Zip Code & Country

33181**US****P.O. Box 531309**
MIAMI, FL 33153**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

LANG**NELSON**

-or- RA Business Name

Address (PO Box is not acceptable)

1782 SANS SOUCI BLVD

Suite, Apt. #, etc.

City, State

N MIAMI**FL**

Zip Code & Country

33181**US****P.O. Box 531309**
MIAMI, FL 33153

If there is a change in registered agent, the new agent will need to type their name

Division of Corporations

ATTACHMENT

Page 2 of 3

M60936

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title D
Name (Last, First, Middle, Title) _____
-or- Entity Name LANG, NELSON
Street Address 11610 NE 20TH DR
City, State MIAMI, FL
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

FROM : 0

PHONE NO. : 305 559 4094

Jun. 30 2005 09:01AM P4

Division of Corporations

ATTACHMENT 52060479 Page 3 of 3

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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