2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State
08-08-2005 90048 022 ***150.00

500604?9

DOCUMENT # M60936

1. Entity Name
DISKETTES UNLIMITED, INC.

Principal Place of Business	Mailing Address
DISKETTES UNLIMITED 1782 SANS SOUCI BLVD NORTH MIAMI, FL 33181 US	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	
Zip	Country	Zip	Country

07142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0015032 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LANG, NELSON
1782 SANS SOUCI BLVD
N MIAMI, FL 33181

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 ______ 08-05-
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
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

TITLE	D	☐ Delete
NAME	LANG, NELSON	
STREET ADDRESS	11610 NE 20TH DR	
CITY-ST-ZIP	MIAMI, 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		
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		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: ______ 08·05·05 305-899-1683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
P06000479

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

ATTACHMENT
S06047

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 filling 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 20060479

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 each
Election 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

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	

Division of Corporations

ATTACHMENT S20060479 M608836

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 Pres.

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.

Continue Reset

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