

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000047708

1. Entity Name
FIVRSTUF, UNLIMITED CORP.



Principal Place of Business

9106 NW 106 STREET
MEDLEY, FL 33178

Mailing Address

537 SLIPPERY ROCK RD
WESTON, FL 33327

DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1007373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORTIZ, MICHAEL
537 SLIPPERY ROCK ROAD
WESTON, FL 33327

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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 rechartering) 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	D
NAME	MORITZ, MICHAEL
STREET ADDRESS	537 SLIPPERY ROCK RD
CITY-ST-ZIP	WESTON, FL 33327
TITLE	CFO
NAME	SILVESTRE MORITZ, MARIA A
STREET ADDRESS	537 SLIPPERY ROCK RD
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000558800
05/17/06-80110-022 150.00

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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: Maria A. Silvestre Moritz Date: 05/17/06 Daytime Phone #: (305) 888-3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR