

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000003225

1. Entity Name
UNIMAG INCORPORATED



Principal Place of Business
**2402 5TH AVE.
TAMPA, FL 33605**

Mailing Address
**PO BOX 75466
TAMPA, FL 33675**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0388192

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELL, CHARLES W
2402 5TH AVE.
TAMPA, FL 33605**

**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

000000501164
04/25/06-80051-012 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FALTUS, P.T.
STREET ADDRESS 2402 5TH AVE.
CITY-ST-ZIP TAMPA, FL 33605

TITLE D
NAME CHAVARRO, SANTIAGO
STREET ADDRESS 2402 5TH AVE.
CITY-ST-ZIP TAMPA, FL 33605

TITLE TSD
NAME BELL, CHARLES W
STREET ADDRESS 2402 5TH AVE.
CITY-ST-ZIP TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

47-06 813-247-3956

Date

Daytime Phone #