2005 FOR PROFIT CORPORATION

FILED 1 2005 08:00 AM

| | ANNU | AL REPURI | | | - Mar U | J4, ZUUS | U8:UU | |
|--|--|---|---|---------------------------------------|---|---|-------------------------------------|--|
| 1. Entity Nam | MENT # P030000 ABRICATORS UNLIMIT | | | | cretary | | | |
| 10620 NW 1 | STREET | Mailing Address 10620 NW 1 STREET PLANTATION, FL 33324 | | | | | | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | | 01272005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| 10620 NW | 6. Name and Address of Cur IO, JOSEPH S 7.1 STREET ION, FL 33324 | DO NOT WRITE IN THIS SPACE | | | | | | |
| | named entity submits this statemions of registered agent. Signature, typed or printed name of registered | ent for the purpose of changing its register agent and tills it applicable. (NOTE, Begister | red office or register ed Agent signature required | | | | | |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. | | | | 00 May Be ed to Fees | ים מסססמע ישר מסססמע | 251719 80062-010 | 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CALCAGNO, JOSEPH S 10620 NW 1 STREET PLANTATION, FL 33324 | AND DIRECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WI | RITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SP | ACE | i | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - <u> </u> | | , | | | | |
| indicated of the con changed, | on this report or supplemental rep poration or the receiver or trustee or on an attachment with an add | I with this filling does not quality for the exe oor is true and accurate and that my signs empowered to execute this report as requ ess, with all other like empowered. | sture shall have the s | same legal effec , Florida Statute | t as if made under ca | ith; that i am an offic appears in Block 10 - | cer or director 3 or Block 11 if | |
| SIGNATURE: 2-24-08 954-448-446 AIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Prome # | | | | | | | | |