

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90011 013 ***150.00

DOCUMENT # P03000040735

1. Entity Name

UNLIMITED SALES GROUP, INC.



Principal Place of Business

1620 ORLANDO DRIVE
 TAVERNIER FL 33070

wrong address

Mailing Address

1620 ORLANDO DRIVE
 TAVERNIER FL 33070

wrong

2. Principal Place of Business

Florida 162 Orlando Dr.

Suite, Apt. #, etc.

City & State

Tavernier, Fl

Zip
33070

Country
monroe

3. Mailing Address

162 Orlando Dr.

Suite, Apt. #, etc.

City & State

Tavernier, Fl.

Zip
33070

Country
monroe

4. FEI Number

51-0466003

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E034 (4/04)

6. Name and Address of Current Registered Agent

-PI; MARIO
162 1620 ORLANDO DRIVE
TAVERNIER FL 33070

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PI, MARIO	
STREET ADDRESS	1620 ORLANDO DRIVE	<i>162 ORLANDO DR.</i>
CITY-ST-ZIP	TAVERNIER FL 33070	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario R. Pi President 8/14/04

Date

Daytime Phone #

Attachment
P03000040735
44051638

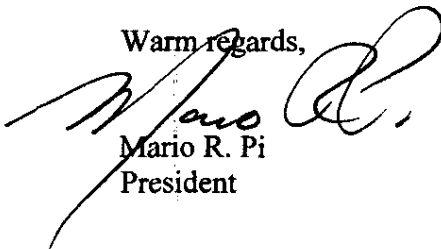
8/4/04

To Whom It May Concern:

Enclosed please find a check for \$150 and your annual report form. Please understand I never received prior notice. As you can see the address you have on your records for me is incorrect which I believe is the reason why I was never notified.

Under penalty of perjury, I declare that the facts presented in this letter, which is set out herein are to the best of my knowledge and belief, true, correct and complete. Again due to the foregoing, I respectfully request that the \$400.00 penalty be abated. I hope this matter will be successfully resolved. Thank you very much for your cooperation.

Warm regards,


Mario R. Pi
President