

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078372

Entity Name: UNIMET CAB CO. INC

FILED
May 19, 2008
Secretary of State

Current Principal Place of Business:

4949 SW 41ST BLVD.
SUITE 30
GAINESVILLE, FL 32608

New Principal Place of Business:

2802 NE 19 DRIVE
GAINESVILLE, FL 32609

Current Mailing Address:

P.O. BOX 140731
GAINESVILLE, FL 326140731

New Mailing Address:

FEI Number: 04-3768480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULAS, JOY
530 NE 10 ST
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

PAULAS, WILSON
2802 NE 19 DRIVE
GAINESVILLE, FL 32609 US

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.

SIGNATURE: WILSON PAULAS

05/19/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAULAS, WILSON
Address: 4251 SW 13 ST STE 9B
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAULAS, WILSON
Address: 2802 NE 19 DRIVE
City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON PAULAS

PRES

05/19/2008

Electronic Signature of Signing Officer or Director

Date