


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90043 033 \*\*\*150.00

<b>DOCUMENT # P04000008522</b> 1. Entity Name UNITY GENERAL DISTRIBUTORS II, INC.					
Principal Place of Business 3050 N.W. 60TH ST. FT. LAUDERDALE, FL 33309			Mailing Address 3050 N.W. 60TH ST. FT. LAUDERDALE, FL 33309		
2. Principal Place of Business <u>3050 NW 60 Street</u>		3. Mailing Address <u>3050 NW 60 St.</u>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <u>Ft. Lauderdale, FL</u>		City & State <u>Ft. Lauderdale, FL</u>		4. FEI Number 20-0592946	
Zip <u>33309</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  RUSO, ANTONIO 3050 N.W. 60TH ST. FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name <u>Antonio Ruso</u> Street Address (P.O. Box Number is Not Acceptable) <u>3050 NW 60 Street</u> <u>Ft. Lauderdale</u> City <u>Ft. Lauderdale</u> <u>FL</u> Zip Code <u>33309</u>	
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 <u>[Signature]</u> DATE <u>2/1/06</u> <small>Signature, typed or printed name of registered agent and State applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUSO, ANTONIO 10125 SW 115TH CT MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RUSO, IRMA 10125 SW 115TH CT MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUSO, OMAR 10160 SW 88TH ST #202 MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUSO, VANESSA 12710 CYPRESS RD. NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>2/1/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					