

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90030 023 \*\*\*150.00

**DOCUMENT # P04000008522**



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

90071539



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0592946

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

RUSO, ANTONIO  
3050 N.W. 60TH ST.  
FT. LAUDERDALE, FL 33309

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RUSO, ANTONIO
STREET ADDRESS	1830 S. OCEAN DR TOWN 2-UNIT 3701
CITY-ST-ZIP	<del>FT. LAUDERDALE, FL 33309</del> Hallandale Fl. 33009
TITLE	STD
NAME	RUSO, IRMA
STREET ADDRESS	1830 S OCEAN DR-TOWN 2-UNIT-3701
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VD
NAME	RUSO, OMAR
STREET ADDRESS	11055 NW 72 TERR
CITY-ST-ZIP	DORAL, FL 33178
TITLE	VD
NAME	RUSO, VANESSA
STREET ADDRESS	6206 NW 113 CT
CITY-ST-ZIP	DORAL, FL 33178
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #