2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2005 8:00 am Secretary of State

DOCUMENT # P04000075756 1. Entity Name MARIO'S UNLIMITED, INC.							06-01-2005 90	0017 041 ***15	0.00	
Principal Place of Business 150-B ROSCOE BLVD PONTE VEDRA BCH, FL 32082			Mailing Address 150-B ROSCOE BLVD PONTE VEDRA BCH, FL 32082							
2. Principal P	tace of Business	D STREET	3. Mailing Address 1830 5 3 PA STREET							
Suite, Apt.			Suite, Apt. #, etc.			05252005	Chg-P	CR2E034 (10/0)3)	
	ONVIUL	BEACH, FC	SACKSONVILLE BEACH FL			4. FEI Num	CO-11095		Applied For Not Applicable	
322	50	USA	32250	Count	SA		te of Status Desired	Fee Req	Additional juired	
						7. Name and Address of New Registered Agent me				
MODICA, MARIA L 150-B ROSCOE BLVD PONTE VEDRA BCH, FL 32082						Street Address (P.O. Box Number is Not Acceptable)				
		2 32302			City			Fi Zin (^ode	
The above named entity submits this statement for the purpose of changing its registered office or received.						KSONVILLE BEACH FL Zip Code Distance agent of both in the State of Florida. Lam familiar with and account				
the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating) DATE										
FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financia Trust Fund Contribution.						\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.193(2)(not receive the pr	b), F.S., the ior notice.	
10.	CDCT	OFFICERS AND D		11.	ī	ADDITION:	S/CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	MODICA, MA 150-B ROSCO PONTE VEDI		□ Delete		. 1	1830 5 3 4 ACICSONU	LO STEKET LLE BEACH	₩Char - 4 FL 322	• –	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS 18	PETER MODICA Change Addition				
TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Delete			,,,,,		☐ Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Chan	nge 🗌 Addilion	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delate					☐ Char	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete					☐ Char	nge 🔲 Addition	
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.										