## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## 02-02-2005 90069 047 \*\*\*150.00 **DOCUMENT # P04000140302 UNITY SHUTTERS INC** Principal Place of Business Mailing Address 66004140 7060 S.W. 41H ST 7060 S.W. 4TH ST MIAMJ, FL 33144 MIAMI, FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apl. #. etc. 01272005 CR2E034 (10/03) 4. FEI Number 75-3170568 Applied For City & State City & State Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VENTO, OSVALDO Street Address (P.O. Box Number is Not Acceptable) 7086 S.W. 4TH ST MIAMI, FL 33144 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 Sonature, typed or provised name of registered agent and title if applicable (NOTE: Removement Adjust technique required when reportations) DATE 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE Octob TITLE ☐ Change ☐ Addition VENTO, OSVALDO NAME HAME STREET ADDRESS 7086 S.W. 4TH ST STREET ADDRESS MIAMI, FL 33144 CITY-ST-21P CITY-ST-ZIP TITLE SD Octate fills ☐ Chapge ☐ Addition MATA, FRANK NAME HAVE STREET ADDRESS 7315 S.W. 4TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 CITY-ST-ZIP TITLE ☐ Defete TID F Change Addition NAME MALE STREET ADDRESS STREET ACCRESS CHY-ST-ZP CITY-ST-ZIP TITLE · [ ] Cleiete tin e ☐ Change ..... ☐ Addition. MARKE HAME STREET ADORESS STREET ADDRESS CHY-SI-ZP CITY-ST-ZIP ππε ☐ Delete mr ☐ Channe ☐ Addition TUALE NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Deleta TULE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P 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 each; that I am an officer or director of the corporation or the receiver or trusted 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 ORDECTOR

FILED

Secretary of State

Mar 11, 2005 8:00 am