# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000140302**

1. Entity Name
UNITY SHUTTERS INC

| Principal Place of Business | Mailing Address |
|---|---|
| 7060 S.W. 4TH ST<br>MIAMI, FL 33144 | 7060 S.W. 4TH ST<br>MIAMI, FL 33144 |

## DO NOT WRITE IN THIS SPACE

01232008    No Chg-P    CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 75-3170568 | Not Applicable |

5. Certificate of Status Desired ☐    **$8.75** Additional Fee Required

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

VENTO, OSVALDO
7086 S.W. 4TH ST
MIAMI, FL 33144

## 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 1st 2008 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. . . ☐    **$5.00** May Be Added to Fees
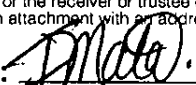
U00000903246
05/06/08-80061-021  150.00

### 10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | VENTO, OSVALDO |
| STREET ADDRESS | 7086 S.W. 4TH ST |
| CITY-ST-ZIP | MIAMI, FL 33144 |

| | |
|---|---|
| TITLE | SD |
| NAME | MATA, FRANK |
| STREET ADDRESS | 7315 S.W. 4TH ST |
| CITY-ST-ZIP | MIAMI, FL 33144 |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| 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: _FRANK MATA_    4/16/08  (305) 261-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #