2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

with an address, with all other like empowered.

SIGNATURE AND TYPED IN PRINTED NAME O

Secretary of State DOCUMENT # P05000167846 1. Entity Name 03-22-2007 90012 014 ***150.00 UNITY GENERAL DISTRIBUTORS III, INC. Principal Place of Business Mailing Address 13050 METRO PARKWAY 13050 METRO PARKWAY FT. MYERS, FL 33912 FT. MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03202007 Chq-P City & State City & State 4. FEI Number Applied For 20-4008271 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 13050 METRO PARKWAY FT. MYERS, FL 33912 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DΡ TITLE TITLE Delete ☐ Change ☐ Addition RUSO Antonio 1130 South Ocean DR. Tower 2 - Hust 3701 RUSO, ANTONIO NAME NAME 10125 SW 115 CT. STREET ADDRESS STREET ADDRESS Hallon dole #1. 33009 CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-7IP DST DST TITLE TITLE ☐ Delete ☐ Change ☐ Addition RUSU IRMA RUSO, IRMA NAME NAMÉ 830 South Ocean Dr. Tower 2 - Vait 3701 STREET ADDRESS 10125 SW 115 CT. STREET ADDRESS F1.33009 Hallondale CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE Change Addition RUSU OMER RUSO, OMAR NAME NAME HUFF N.W. TY TORRECE STREET ADDRESS 2860 W. 3 CT. STREET ADDRESS DORC/ F1. 33178 CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RUSO VINESSA RUSO, VANESSA LYOL N.W. 113 at. NAME NAME 2860 W. 3 CT. STREET ADDRESS STREET ADDRESS Donal F1. 33178 CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Mar 22, 2007 8:00 am

Daytime Phone #