

2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # P06000048584



1. Entity Name
DART ENTERPRISES UNLIMITED INC.

Principal Place of Business
3406 NW 49TH AVENUE
H409
LAUDERDALE LAKES, FL 33319

Mailing Address

3406 NW 49TH AVENUE
H409
LAUDERDALE LAKES, FL 33319

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302012 Chg-P CR2E034 (12/11)

4. FEI Number
20-4643878

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUCCIARIELLO, CARMINE J
3406 NW 49TH AVENUE
H409
LAUDERDALE LAKES, FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2012 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PUCCIARIELLO, CARMINE 3406 NW 49TH AVENUE LAUDERDALE LAKES, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MAY 10 2012 <input type="checkbox"/> Change <input type="checkbox"/> Addition S. TONER
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	900234941999 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/10/12-01028--001 ***150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carmine Pucciarello

5/10/12 Computer out of service @ the time

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

CARMINE Pucciarello