2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700032236 1. Entity Name UNITY AUTO SALES INC.



Principal Place of Business 66 N.W. 27TH AVENUE

MIAMI, FL 33125

6. Name and Address of Current Registered Agent

Mailing Address 35 N.W. 27 AVENUE MIAMI, FL 33125

FILED Apr 26, 2004 08:00 AM Secretary of State



CR2E034 (10/03)

DO	NOT	WRITE	IN THIS	SPACE
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4. FEI Number				Applied For
65-0235143				Not Applicable
5. Certificate of Status Desired		\$8.7 Fee R		Additional ilred

And the state of t

04212004

FRANCO, ANGEL JR 35 N.W. 27TH AVENUE MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the prions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered	f Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	-
10.	OFFICERS AND DIREC	CTORS	J		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCO, ANGEL JR 35 N.W. 27TH AVENUE MIAMI, FL 33125				U00000129369 04/26/04-80076-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, PLACIDO 35 N.W. 27TH AVENUE MIAMI, FL 33125				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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12. I hereby of	certify that the information supplied with this fil	ing does not qualify for the exen	nption stated	d in Section 119.07(3)(i), Florida Statutes, I further certify that the information

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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643-2669

Daytime Phone #