## **2006 FOR PROFIT CORPORATION**

## Feb 06, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P99000109677 02-06-2006 90065 043 \*\*\*150.00 1. Entity Name UNITY GENERAL INVESTMENTS, INC. Principal Place of Business Mailing Address 60012082 2860 WEST 3RD COURT 2860 WEST 3RD COURT HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business Mailing Address 2860 m 2860 ( Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (11/05) 01272006 City & State City & State 4. FEI Number Applied For 65-0970023 Not Applicable -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 RUSO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 2860 WEST 3RD COURT HIALEAH, FL 33010 Zip Code 330/0 submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named ent the obligations of regis SIGNATURE. Signature, typed or title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ח TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUSO, ANTONIO NAME NAME 2860 WEST 3RD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP VΡ ☐ Delete ☐ Addition TITLE ☐ Change RUSO, OMAR.... NAME NAME 2860 WEST 3RD COURT STREET ADDRESS STREET ADDRESS HIALEAH, FL 33010 CITY-ST-ZIP CITY-ST-ZIP VP TITLE ☐ Delete ☐ Change ☐ Addition RUSO, VANESSA NAME NAME STREET ADDRESS 2860 W 3RD CT STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP TITLE ST □ Delete TITI F ☐ Change Addition RUSO, IRMA NAME STREET ADDRESS 2860 W 3RD CT STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

dupplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information antal 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 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 an address, with all other like empowered. 12. I hereby certify that the information indicated on this report or supple of the corporation or the receiver

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🔀

NAME

STREET ADDRESS

CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #

FILED