

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S81777**

1. Entity Name  
NUMISMATICS UNLIMITED INC.



Principal Place of Business

504 HICKSVILLE ROAD  
SUITE 2  
MASSAPEQUA, N 11758 US

Mailing Address

2500 NORTH MILITARY TRAIL  
SUITE 285  
BOCA RATON, FL 33431



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
11-3081807

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SAGINOR, CLIFFORD N.  
2500 N. MILITARY TRAIL  
285  
BOCA RATON, FL 33431

**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 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ALLEVA, PHILIP  
STREET ADDRESS 57 LINCOLN AVE.  
CITY-ST-ZIP MASSAPEQUA, NY 11758

TITLE V  
NAME ALLEVA, CARL  
STREET ADDRESS 59 CONNECTICUT AVE.  
CITY-ST-ZIP MASSAPEQUA, NY 11758

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**

1100000452751  
03/13/06-80012-015 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/06 516-798-4170