


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 09, 2004 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
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**DO NOT WRITE IN THIS SPACE**



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3081807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEVA, PHILIP 57 LINCOLN AVE. MASSAPEQUA, NY 11758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEVA, CARL 59 CONNECTICUT AVE. MASSAPEQUA, NY 11758
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60000107556  
 04/03/04 80019-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Philip Alleva* **3/9/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #