


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 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



02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 11-3081807 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SAGINOR, CLIFFORD N.  
2500 N. MILITARY TRAIL  
285  
BOCA RATON, FL 33431

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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, 2005 Fee will be \$550.00**

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

110000236785  
02/21/05-80031-006 150.00

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	

**DO NOT WRITE IN THIS SPACE**

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: *Carl Alleva* DATE: 2/18/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR