


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # J65167 1. Entity Name UNITED CAPITAL HOLDINGS CORPORATION	
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Principal Place of Business % EDUARDO POMA 2121 S.W. 3RD AVE., SUITE 800 MIAMI, FL 33129	Mailing Address 2121 SW 3RD AVE SUITE 800 MIAMI, FL 33129 US
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04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2839088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POMA, EDUARDO 2121 S.W. 3RD AVE. SUITE 800 MIAMI, FL 33129
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**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, 2005 Fee will be \$550.00**

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

U00000333236
04/26/05-80090-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POMA, EDUARDO 2121 SW 3RD AVE, 8TH FLOOR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PITA, RODOLFO E. 2121 SW 3RD AVE., 8TH FLOOR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POMA, ERNESTO 2121 SW 3RD AVE., 8TH FLOOR MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Rodolfo Pita 04/19/05 (305) 285-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #