

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M52352

1. Entity Name
UNO MANAGEMENT SERVICES, INC.



Principal Place of Business
1111 BRICKELL AVE, SUITE 1300
MIAMI, FL 33131

Mailing Address
1111 BRICKELL AVE, SUITE 1300
MIAMI, FL 33131



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2808846** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

KENNEY, JUDITH
777 BRICKELL AVE STE 1070
MIAMI, FL 33131

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPS
NAME	QUANT, ERNESTO
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DC
NAME	HOLMANN, ERNESTO F.
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	PERCOVICH, LUIS A
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	SEVILLA, MARCELA
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	V
NAME	GALLEGOS, IVAN X
STREET ADDRESS	1111 BRICKELL AVE, SUITE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/29/06-80118-001 150.00

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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 life empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/06
 Date

Daytime Phone #