


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M52352</b>	
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
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**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2808846	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

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

**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 \_\_\_\_\_ 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, 2007 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	DPS QUANT, ERNESTO 1111 BRICKELL AVE, SUITE 1300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HOLMANN, ERNESTO F. 1111 BRICKELL AVE, SUITE 1300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERCOVICH, LUIS A 1111 BRICKELL AVE, SUITE 1300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEVILLA, MARCELA 1111 BRICKELL AVE, SUITE 1300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLEGOS, IVAN X 1111 BRICKELL AVE, SUITE 1300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/25/07-80068-014 150.00

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: Ivan X Gallegos 04/12/07 (305) 572-8270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #