


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000109455
 1. Entity Name
 URBAN ESTATES, INCORPORATED



Principal Place of Business 550 N REO ST STE 300 TAMPA, FL 33609	Mailing Address 550 N REO ST STE 300 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



08062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3691114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGUIN, TRISHA
 6700 CITICORP DR
 TAMPA, FL 33619

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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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEGUIN, JEREMIE 550 N REO ST STE 300 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS SEGUIN, TRISHA 550 N REO ST STE 300 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUKSZ, BROOKE 550 N REO ST STE 300 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, TERRI 550 N REO ST STE 300 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 09/14/07-80003-006 550.00

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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 like empowered.

SIGNATURE: *Justin Seguin* **8-27-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____