

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000021829 1. Entity Name U.M.I. INC. OF GEORGIA			FILED 04 MAY -3 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA 																								
Principal Place of Business 2 ALHAMBRA PLAZA PH 1-A CORAL GABLES, FL 33134		Mailing Address 2 ALHAMBRA PLAZA PH 1-A CORAL GABLES, FL 33134																									
2. Principal Place of Business 1 Alhambra Plaza Suite, Apt. #, etc. # 725		3. Mailing Address 1 Alhambra Plaza Suite, Apt. #, etc. # 725																									
City & State Coral Gables, FL		City & State Coral Gables, FL																									
Zip 33134		Zip 33134																									
Country USA		Country USA																									
4. FEI Number 20-1069261		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BLANCO, JOSE 2 ALHAMBRA PLAZA PH 1-A CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1 Alhambra Plaza # 725 City Coral Gables FL Zip Code 33134																									
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: <u>Jose Blanco</u> DATE: <u>04-30-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BLANCO, JOSE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2 ALHAMBRA PLAZA PH 1-A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>		TITLE	PD	☐ Delete	NAME	BLANCO, JOSE		STREET ADDRESS	2 ALHAMBRA PLAZA PH 1-A		CITY-ST-ZIP	CORAL GABLES, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change ☐ Addition ☐</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>1 Alhambra Plaza # 725</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Coral Gables, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>33134</td> <td></td> </tr> </table>		TITLE	Change ☐ Addition ☐		NAME	1 Alhambra Plaza # 725		STREET ADDRESS	Coral Gables, FL		CITY-ST-ZIP	33134	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jose Blanco</u> DATE: <u>04-30-04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											