

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90215 030 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                            |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000080460</b><br>1. Entity Name<br><b>UCB FINANCIAL ADVISERS INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                            |                                                                                                                        |                                                                                                                                                      |                                                                              |
| Principal Place of Business<br><b>1150 SOUTH MIAMI AVENUE<br/>MIAMI FL 33130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |                                            | Mailing Address<br><b>1150 SOUTH MIAMI AVENUE<br/>MIAMI FL 33130</b>                                                   |                                                                                                                                                                                                                                       |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                              |                                                                                                                                                                                                                                       |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |                                            | City & State                                                                                                           |                                                                                                                                                                                                                                       |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | Country                                    |                                                                                                                        | Zip                                                                                                                                                                                                                                   |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               | Country                                    |                                                                                                                        | 4. FEI Number<br><b>20-3425157</b>                                                                                                                                                                                                    |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                            |                                                                                                                        | Applied For<br>Not Applicable                                                                                                                                                                                                         |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>RISHMAGUE, MIGUEL<br/>13000 MAR STREET<br/>CORAL GABLES FL 33156</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                            |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                              |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revalidating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |                                            |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                       |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                                                                                                                                       |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PCEO</b><br><b>SUGRANES, RAMIRO</b><br><b>13581 SW 112 AVENUE</b><br><b>MIAMI FL 33176</b> | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>Director</b><br><b>SUGRANES, RAMIRO J.</b><br><b>13581 SW 112 AVENUE</b><br><b>MIAMI, FL 33176</b>                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>President</b><br><b>GARCIA, LINA M.</b><br><b>1250 S. MIAMI AVE. #906</b><br><b>MIAMI, FL. 33130</b>                                                                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         |                                                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 its 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. |                                                                                               |                                            |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                              |
| <b>SIGNATURE: <i>Lina M. Garcia</i></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |                                            | <b>Lina M. Garcia-President 4-18-2006 305-398-9010</b><br><small>Date Daytime Phone #</small>                          |                                                                                                                                                                                                                                       |                                                                              |



ATTACHMENT

ENT  
660/8593

#P05 000080460

Polymers (Hoechst Celanese Corp., Newark, NJ) were used as received.

Number of this notice: CP 575 A

For assistance you may call us at  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 IRB 7 (or superceding revenue procedure for the year at issue).