

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000026214

FILED
Jul 09, 2008
Secretary of State**Entity Name:** UNITED PROPERTIES, INC.**Current Principal Place of Business:**2625 EXECUTIVE PARK DR.
SUITE 5
WESTON, FL 33331**New Principal Place of Business:****Current Mailing Address:**2625 EXECUTIVE PARK DR.
SUITE 5
WESTON, FL 33331**New Mailing Address:****FEI Number:** 65-0696719**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UNITED TEAM GROUP
440 SAWGRASS CORPORATE PARKWAY
SUITE 108
SUNRISE, FL 33325 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: PD () Delete
Name: ANGULO, FRANCISCO
Address: 2625 EXECUTIVE PARK DR. SUITE 5
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: FIGUEREDO, RAFAEL
Address: 641 NANDINA DRIVE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: LASCURAIN, MARIA C
Address: 2625 EXECUTIVE PARK DR. SUITE 5
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO ANGULO

PD

07/09/2008

Electronic Signature of Signing Officer or Director_____
Date