


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 043 ***150.00

DOCUMENT # P97000065062
 1. Entity Name
 ULTIMATE TOUCH, INC.



Principal Place of Business
 3661 SW 18TH TERRACE
 MIAMI, FL 33145

Mailing Address
 3661 SW 18TH TERRACE
 MIAMI, FL 33145

401112



2. Principal Place of Business - No P.O. Box #
 1800 W. 54th Street

3. Mailing Address
 1800 W. 54th Street

Suite, Apt. #, etc.
 311

04242007 Chg-P CR2E034 (12/06)

City & State
 Hialeah, Fl.

City & State
 Hialeah Fl.

Zip
 33012

Country

4. FEI Number
 65-0771873

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLOCH, GUILLERMO
 3661 SW 18TH TERRACE
 MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 1800 W. 54th Street #311

City Hialeah FL Zip Code 33012

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 *Guillermo Villoch* DATE 04/25/07

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLOCH, GUILLERMO 3661 SW 18TH TERRACE MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 West 54th Street #311 Hialeah, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Guillermo Villoch* DATE 04/25/07 DAYTIME PHONE # (305) 335 7901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR