

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90346 044 ***150.00

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01262006 Chg-P CR2E034 (11/05)

DOCUMENT # 481850 1. Entity Name UNION RICHARD CORPORATION			
Principal Place of Business 7550 SW 57 AVE STE 211 SOUTH MIAMI, FL 33143 US		Mailing Address 7550 SW 57 AVE STE 211 SOUTH MIAMI, FL 33143 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LONDONO, JAIME 7550 SW 57 AVE STE 211 SOUTH MIAMI, FL 33143		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, JAIME	NAME	
STREET ADDRESS	7550 SW 57 AVE STE 211	STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, ESPERANZA	NAME	
STREET ADDRESS	7550 SW 57 AVE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, MARIA L	NAME	
STREET ADDRESS	7550 SW 57 AVE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDONO, ESTHER	NAME	
STREET ADDRESS	7550 SW 57 AVE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Esperanza Londono</i>		Date: <i>1/20/06</i>	Daytime Phone #: <i>305 446-6000</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #