

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 522317

FILED
Mar 29, 2005
Secretary of State

Entity Name: UNITED PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

3211 PONCE DE LEON, #301
MIAMI, FL 33015

New Principal Place of Business:

3211 PONCE DE LEON, #301
CORAL GABLES, FL 33134

Current Mailing Address:

3211 PONCE DE LEON, #301
MIAMI, FL 33015

New Mailing Address:

3211 PONCE DE LEON, #301
MIAMI, FL 33134

FEI Number: 59-1707923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZOVLUCK, LYNN
18333 NW 68TH AVENUE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

ZOVLUCK, LYNN
3211 PONCE DE LEON 301
CORAL GABLES, FL 33134 US

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:

03/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BARKER, REX M
Address: 3211 PONCE DE LEON #301
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: ARIAS, MANUEL
Address: 3211 PONCE DE LEON #301
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: ZOVLUCK, LYNN
Address: 3211 PONCE DE LEON
City-St-Zip: MIAMI, FL 33134 US

Title: S () Delete
Name: LIPPS, SUSAN
Address: 3211 PONCE DE LEON BLVD 301
City-St-Zip: MIAMI, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ZOVLUCK, LYNN
Address: 3211 PONCE DE LEON 301
City-St-Zip: MIAMI, FL 33134 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REX M BARKER

ST

03/29/2005

Electronic Signature of Signing Officer or Director

Date