

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 588800**

1. Entity Name  
**UNITED TRADING GROUP, INC.**



Principal Place of Business  
1450 MADRUGA AVENUE  
200  
CORAL GABLES, FL 33146 US

Mailing Address  
PO BOX 141996  
CORAL GABLES, FL 33114 US

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90022 037 \*\*\*150.00



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1917144**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DE LA HOZ, JOSE M.  
1450 MADRUGA AVE STE 200  
MIAMI, FL 33146

*1450 MADRUGA AVE,  
SUITE 200  
CORAL GABLES, FL 33146*

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
DE LA HOZ, JOSE M  
1450 MADRUGA AVE., SUITE 200  
CORAL GABLES, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DE LA HOZ, MARI A  
1450 MADRUGA AVE., SUITE 200  
CORAL GABLES, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DE LA HOZ, JOSE J  
1450 MADRUGA AVE., SUITE 200  
CORAL GABLES, FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose M. DE LA HOZ*

*4/24/07* *305-662-6233*  
Date Daytime Phone #