

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90002 036 \*\*\*158.75

**60046815**



<b>DOCUMENT # F04000005727</b> 1. Entity Name <b>ULTRA PRODUCTS INC.</b>					
Principal Place of Business <b>7795 W. FLAGLER STREET MIAMI, FL 33144</b>			Mailing Address <b>7795 W. FLAGLER STREET MIAMI, FL 33144</b>		
2. Principal Place of Business - No P.O. Box # <b>7795 W. Flagler Street</b> Suite, Apt. #, etc. <b>Suite 35</b> City & State <b>Miami, FL</b> Zip <b>33144</b>		3. Mailing Address <b>7795 W. Flagler Street</b> Suite, Apt. #, etc. <b>Suite 35</b> City & State <b>Miami, FL</b> Zip <b>33144</b>		08282008    Chg-P    CR2E034 (12/06)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-1700458</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name <b>Michael Eaffrey</b> Street Address (P.O. Box Number is Not Acceptable) <b>7795 W. Flagler Street</b> <b>Suite 35</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33144</b>		
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 <u><i>Michael Eaffrey</i></u> DATE <u>8/28/08</u> <small>Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LEEDS, RICHARD 11 HARBOR PARK DR. PORT WASHINGTON, NY 11050	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV FIORENTINO, GILBERT 7795 W. FLAGLER ST. MIAMI, FL 33144	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDS, ROBERT 11 HARBOR PARK DR. PORT WASHINGTON, NY 11050	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSH, CURT 11 HARBOR PARK DR. PORT WASHINGTON, NY 11050	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV REINHOLD, LARRY 11 HARBOR PARK DR. PORT WASHINGTON, NY 11050	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNNE, JOSEPH 7795 W. FLAGLER ST MIAMI, FL 33144	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 the 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/29/08</u> Daytime Phone # <u>(305) 415-2200</u>		