2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					Apr 28, 2005 8:00 am				
DOCUI 1. Entity Name UOL-E CO			S	ecret	ary o	of Stat	e		
Principal Place 800 BRICKEL MIAMI, FL 33	L AVE., SUITE 1109	Mailing Address 800 BRICKELL AVE., SUITE MIAMI, FL 33131	E 1109		14	100317	2		
2. Pincipal Place of Business 3. Mailing Address 800 BRICKELL AVE 800 BRICKEL				√ ∈					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				• •	04262005	Chg-P	CR2	E034 (10/03)	
City & State City & State M. D. M. D. M. 1			FL		4. FEI Numbe				plied For t Applicable
Zip33	(3) Country CA		Country A			of Status Desi	red 🗀	\$8.75 Addi	
	6. Name and Address of Current Re	gistered Agent	Name		7. Name and	Address of N	ew Registere	ed Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET					P.O. Box Numb) P 🖘 er is Not Accer		<u>~</u>	
TALLAHAS	SSEE, FL 32301		800	7 0	3RICK	ELL	AVE	STE	1107
	· .			M () M A		F	- 	131
8. The above named antity submits this statement to 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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	~ ~~		.00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS Delete	11. TITLE	l	ADDITIONS,	CHANGES TO	OFFICERS A	AND DIRECTORS Change	S IN 11
NAME STREET ADDRESS	TARATUTA, GASTON 800 BRICKELL AVE., #109	Detete	NAME Street address					C) Sittings	L. Producti
CITY-ST-ZIP	MIAMI, FL 33131 S	Delete	CITY-ST-ZIP TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	OPPENHEIM, STEVEN P 800 BRICKELL AVE STE 707 MIAMI, FL 33131		NAME STREET ADDRESS CITY-ST-ZIP	So.	s Islic	keu f	NE' ?	STE 11	07
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
indicated	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower, or on an attachment with an address, vit	up and accurate and that my	eignatura eball h	ove the	come tenal offer	ct ac it made u	inder eath: the	at Lam an officer	or director

SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE;

FILED