

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90173 045 ***150.00

DOCUMENT # G45405
 1. Entity Name
 URBAN COMMUNITY DEVELOPERS, INCORPORATED



Principal Place of Business: 550 BILTMORE WAY, SUITE 1110, CORAL GABLES, FL 33134 US
 Mailing Address: 550 BILTMORE WAY #1110, CORAL GABLES, FL 33134 US

40034000



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2296354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ECKSTEIN SCHECHTER, ROSA
 550 BILTMORE WAY STE 1110
 CORAL GABLES, FL 33134

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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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ECKSTEIN, BERNARD
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	PD
NAME	STERN, RODOLFO
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VSD
NAME	HORWITZ, ROBERTO (EX)
STREET ADDRESS	550 BILTMORE WAY #1110
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VTD
NAME	SERVIANSKY, DAVID (EX)
STREET ADDRESS	550 BILTMORE WAY #1110
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VD
NAME	STERN, EDUARDO (EX)
STREET ADDRESS	550 BILTMORE WAY #1110
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Rodolfo Stern 4/5/06 (305) 461-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #