## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # H38912**

1. Entity Name UNITED LAND DEVELOPMENT CORP.



**FILED** Apr 11, 2008 08:00 Al Secretary of State

Principal Place of Business

1500 CORDOVA ROAD, SUITE 310 FORT LAUDERDALE, FL 33316

Mailing Address

1500 CORDOVA ROAD, SUITE 310 FORT LAUDERDALE, FL 33316



DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2733361

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLA, RANDALL 1500 CORDOVA ROAD, SUITE 310 FORT LAUDERDALE, FL 33316

## 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   |  |  |               | required when reinstating)     | DATE                                      |
| FIL<br>After M  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                  | 9. Election Campaign Finan<br>Trust Fund Contribution. |               | \$5.00 May Be<br>Added to Fees | U00000891290<br>04/23/08-90019-016 150 00 |
| 10.   | OFFICERS AND DIREC   | CTORS  |               |                                |   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   | PSD<br>KELLA, RANDALL<br>1500 CORDOVA ROAD #310<br>FORT LAUDERDALE, FL 33316 |  |               |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |               | •                              |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |               | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | IN THIS SPACE |                                |   |
| TITLE NAME STREET ADDRESS CITY: ST-ZIP  |  |  |               |                                |   |
| TITLE   |  |  | 1             |                                | •   |

12. Thereby 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:

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR