2008 FOR PROFIT CORPORATION

Mar 24, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # M63349 / 03-24-2008 90047 034 ***150.00 UC DEVELOPMENT CORP. Principal Place of Business Mailing Address 40050520 C/O EDUARDO POMA C/O EDUARDO POMA 2121 S.W. 3 AVE., 8TH FLOOR 2121 S.W. 3 AVE., 8TH FLOOR MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03072008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0017577 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POMA, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 2121 S.W. 3 AVE. 8TH FLOOR MIAMI, FL 33129 City Zip Code 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 SIGNATURE Signature, typed or printed name of register d agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Đ۷ D۷ TITLE ☐ Delete TITLE Change ☐ Addition POMA, EDUARDO NAME NAME POMA, EDUARDO 2121 S.W. 3 AVE., 8TH FLOOR STREET ADDRESS STREET ADDRESS 2121 SW THIRD AVE., 8TH FLOOR CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP MIAMI, FL 33129 DS ☐ Delete DS TITLE TITLE Change ☐ Addition PITA RODOLFO F. PITA, RODOLFO NAME NAME STREET ADDRESS 2121 SW 3RD AVE., 8TH FLOOR STREET ADDRESS 2121 S.W. 3 AVE., 8TH FLOOR MIAMI, FL 33129 CITY-ST-ZIP MIAMI, FL 33129 -CITY-ST-ZIP DP DΡ ☐ Delete TITLE TITLE K Change ■ Addition POMA ERNESTO POMA, ERNESTO NAME NAME 2121 SW 3RD AVE., 8TH FLOOR STREET ADDRESS 2121 SW 3RD AVE., 8TH FLOOR STREET ADDRESS MIAMI; FL 33129 CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-73P ☐ Delete TITLE Change ☐ Addition TITLE

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 accurage 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

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE: _

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR

FILED