


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001122


1. Entity Name
UNITED C.B.ERS OF FLORIDA, INC.



Principal Place of Business Mailing Address

550 N.W. 30TH TERRACE 550 N.W. 30TH TERRACE
 FORT LAUDERDALE, FL 33311-7642 FORT LAUDERDALE, FL 33311-7642

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-3672029	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY-KNIGHT, GLORIA
 550 N.W. 30TH TERRACE
 FORT LAUDERDALE, FL 33311-7642

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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: *GL* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000783813
 01/23/08-80009-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HALL, JOHN
STREET ADDRESS	8349 NW 22ND COURT
CITY-ST-ZIP	MARGATE, FL 330636928
TITLE	TD
NAME	KNIGHT, GLORIA GRAY
STREET ADDRESS	550 N.W. 30TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 333117642
TITLE	D
NAME	WILEY, VONDELL
STREET ADDRESS	601 NW 18TH CT
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	HALL, LILLY
STREET ADDRESS	8347 NW 22ND COURT
CITY-ST-ZIP	MARGATE, FL 330636928
TITLE	S
NAME	ADDISON, SONYA
STREET ADDRESS	601 NW 18TH CT
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VP
NAME	WILEY, KENNETH
STREET ADDRESS	555 NW 29TH TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

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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 617, 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: *Gloria Gray Knight (Gloria Gray Knight)* 1/08/08 (954)792-3084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #