


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000014495 1. Entity Name UNITED FIBER OPTICS, CORP.	
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Principal Place of Business 7714 SW 158 AVENUE MIAMI, FL 33193	Mailing Address 7714 SW 158 AVENUE MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE



07142004 No Chg-P GR2E034 (10/03)

4. FEI Number 65-0987123	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

GONZALEZ, CARLOS
 13951 SW 39TH STREET
 MIAMI, FL 33175

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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 \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT GONZALEZ, CARLOS 13951 SW 39TH STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL CALVO, NELSON 7714 SW 158 AVE MIAMI, FL 33193
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 07/19/04-80015-025 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nelson J. del Calvo Nelson J. del Calvo 7/14/04 (305) 752-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #