. 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with arraddress, with all other like e

SIGNATURE: _

Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P0000065095 1. Entity Name UNITED INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 7455 NW 41 ST 7455 NW 41 ST **MIAMI FL 33166 MIAMI FL 33166** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-1021978 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, CHUN K 7455 NW 41 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Change ☐ Addition TITLE Delete LEE, CHUN K NAME NAME STREET ADDRESS 7455 NW 41 ST STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY - ST - ZIP Change STD ☐ Delete TITLE Addition Addition TITLE NAME LEE, KAROLINE K MAME U00000052041 02/16/04-80076-001 150.00 7455 NW 41 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TIFLE TITLE 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-ZIP CITY - ST - ZIP 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

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