

2005 FOR PROFIT CORPORATION ANNUAL REPORT




FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90030 009 ***150.00

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01172005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000102043			
1. Entity Name UBALDO CORPORATION			
Principal Place of Business 6237 PLAINS DR. LAKE WORTH, FL 33463 US		Mailing Address 6237 PLAINS DR. LAKE WORTH, FL 33463 US	
2. Principal Place of Business 549 SW Nautical Ave Suite, Apt. #, etc.		3. Mailing Address 549 SW NAUTICAL AVE Suite, Apt. #, etc.	
City & State Port St Lucie, FL		City & State Port St Lucie, FL	
Zip 34984	Country USA	Zip 34984	Country USA
4. FEI Number 65-1049911		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UBALDO, GREGORIO 6237 PLAINS DR. LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name UBALDO, GREGORIO Street Address (P.O. Box Number is Not Acceptable) 549 SW NAUTICAL AVE City Port St Lucie FL Zip Code 34984	
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: 		president 1/17/05	
Signature: typed or printed name of registered agent and life if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UBALDO, GREGORIO 6237 PLAINS DRIVE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	549 SW NAUTICAL AVE Port St Lucie, FL 34984 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		president 1/17/05 561-758-5524	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	