


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90027 018 ***150.00

DOCUMENT # P01000021481		
1. Entity Name UNITED FAMILY MC, INC.		

Principal Place of Business 14 SOUTH FLAG COURT KISSIMMEE, FL 34759 <i>145 Gamber Rd</i> <i>When: 7a FL</i>	Mailing Address 14 SOUTH FLAG COURT KISSIMMEE, FL 34759
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DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3704662	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIOS, MARIBEL 14 SOUTH FLAG COURT KISSIMMEE, FL 34759
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOS, MARIBEL 14 SOUTH FLAG CRT KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CEBALLOS, WESILANDY 1326 IVY MEADOW DR ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CEBALLOS, BLANCA I 13407 GREENPOINT DR ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: 	Date: <i>3/11/05</i>	Daytime Phone: _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		