

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90103 013 \*\*\*150.00

**DOCUMENT # P01000097669**

1. Entity Name  
**UNITED CLUTCHES CORPORATION**



Principal Place of Business  
**10099 NW 89 AVE #2  
MEDLEY, FL 33178**

Mailing Address  
**10099 NW 89 AVE #2  
MEDLEY, FL 33178**

**50049088**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-1142580**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NODAL, JESUS P  
10099 NW 89 AVE #2  
MEDLEY, FL 33178**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **NODAL, JESUS P**  
CITY- ST- ZIP **2862 SW 141 CT.  
MIAMI, FL 33175**

TITLE ☒ Change ☐ Addition  
NAME **PTD**  
STREET ADDRESS **NODAL, JESUS P**  
CITY- ST- ZIP **2862 SW 141 CT.  
MIAMI, FL 33175**

TITLE ☐ Delete  
NAME **VPSD**  
STREET ADDRESS **MALETA, LUIS M**  
CITY- ST- ZIP **7113 W. 33 LANE  
HIALEAH, FL 33018**

TITLE ☒ Change ☐ Addition  
NAME **VPSD**  
STREET ADDRESS **MALETA, LUIS M**  
CITY- ST- ZIP **20230 NW 5 ST  
PEMBROKE PINES, FL 33029**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(c), 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: *Luis Maleta* **Luis Maleta v.p.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/05** **305-805-2203**  
Date Daytime Phone #