# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000004927

1. Entity Name
UZCA.COM INC.

FILED
06 SEP 18 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 40 NE 1ST AV E<br>MIAMI, FL 33132 | 40 NE 1ST AV E<br>MIAMI, FL 33132 |

DO NOT WRITE IN THIS SPACE

08222006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-3845369
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UZCATEQUI, MARIA ELENA
36 NE 1ST SUITE #345
MIAMI, FL 33132

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | UZCATEQUI, MARIA ELENA |
| STREET ADDRESS | 40 NE 1ST AVE |
| CITY-ST-ZIP | MIAMI, FL 33132 |
| TITLE | |
| NAME | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** X Maria Elena Uzcátequi 305-374-3740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/19