


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90035 039 ***158.75

DOCUMENT # P02000016157	
1. Entity Name UNITED GENERAL PROPERTY INC.	

Principal Place of Business 8100 SW 159TH PL MIAMI, FL 33193	Mailing Address 8100 SW 159TH PL MIAMI, FL 33193
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50066212



2. Principal Place of Business 13971 SW 72ter	3. Mailing Address P.O. Box 835666
Suite, Apt. #, etc.	Suite, Apt. #, etc.

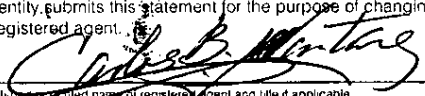
08292005 Chg-P CR2E034 (10/03)

City & State Miami FL 33183	City & State Miami, Florida
Zip 33183	Country Miami Dade
Country Miami Dade	Zip 33283
Country Miami Dade	Country Miami Dade

4. FEI Number 04-3628970	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINEZ, CARLOS B 8100 SW 159TH PL MIAMI, FL 33193	7. Name and Address of New Registered Agent Name MARTINEZ, CARLOS B. Martinez, Carlos B. Street Address (P.O. Box Number is Not Acceptable) 13971 SW 72ter City Miami FL Zip Code 33183
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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 9-7-05
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FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, CARLOS B 8100 SW 159TH PL MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13971 SW 72ter Miami, Florida 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, CONCEPCIO 8100 SW 159TH PL MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13971 SW 72ter Miami, Florida 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 9-7-05	DAYTIME PHONE 305-340-8525
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ATTACHMENT

To: Kathy Ashton

50066212

Ref#: 02000016157

Letter Number: 505A00054409

We did not receive notice of renewal because we moved. In this letter we enclose our \$150.00 renewal fee, plus \$8.75 for certificate of status.

We ask you wave our late fees.

Sign

Carlos Martinez