2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000016157

1. Entity Name
UNITED GENERAL PROPERTY INC.



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13971 SW 72 TERR **MIAMIL FL 33183**

P.O. BOX 835666 MIAMI, FL 33283



01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-3628970

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

13971 SW 72 TERR MIAMI, FL 33183			IN THIS SPACE		
6. 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 famillar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or presed name of registered agent and title # applicable. (NOTE: Registered			of Agent algrature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000607587 01/31/07-80044-008 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, CARLOS B 13971 SW 72 TER MIAMI, FL 33183	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTINEZ, CONCEPCIO 13971 SW 72 TERR MIAMI, FL 33183	,			
TITLE MAAGE STREET ADDRESS CITY+ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS				IN .	THIS SPACE

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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NUME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR