2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 11, 2008 08:00 A Secretary of State DOCUMENT # P02000016157 1. Entity Name UNITED GENERAL PROPERTY INC. Principal Place of Business Mailing Address 13971 SW 72 TERR P.O. BOX 835666 MIAMI FL 33183 MIAMI FL 33283 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 04-3628970 Not Applicable Zio Country $Z_{i}p$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, CARLOS B Street Address (P.O. Box Number is Not Acceptable) 13971 SW 72 TERR MIAMI FL 33183 City Zin 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 colligations of registered agent. SIGNATURE Signature, typed or prened henry of registered agent and util. Tringlicasis (NOTE: Fegistered Agont's growture required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Food Contribution | | Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE Delete TITLE Addition NAME MARTINEZ, CARLOS B STHEET ADDRESS 13971 SW 72 TER STREET ADDRESS DITY: ST- ZIP MIAMI FL 33183 CITY-ST-7IP 80028-01**0 dal. 00** Addition TITLE ST ☐ Derete NAME MARTINEZ, CONCEPCIO HAME STREET ADDRESS 13971 SW 72 TERR STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33183** CHY-SI-78 TITLE ☐ Dalete DHE Change | Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CRY+ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-2IP CITY-ST-ZIP TITLE Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Of Da

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.