


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000094363
 1. Entity Name
 U2 & 3R CORP



Principal Place of Business Mailing Address
 14249 SW 176 TERRA 14249 SW 176 TERRA
 MIAMI, FL 33177 US MIAMI, FL 33177 US



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 52-2375539 Not Applicable

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

6. Name and Address of Current Registered Agent
 RIVERA, RICHARD
 10135 SW 163RD. PLACE
 MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

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 RICHARD RIVERA DATE 02-17-06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature is required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	S
NAME	ESGUERRA, JAIME RIVERA
STREET ADDRESS	14249 SW 176 TERR
CITY - ST - ZIP	MIAMI, FL 33177
TITLE	P
NAME	RIVERA, JIMMY
STREET ADDRESS	14249 SW 176 TERR
CITY - ST - ZIP	MIAMI, FL 33177
TITLE	T
NAME	RIVERA, RICHARD
STREET ADDRESS	10135 SW 163 PLACE
CITY - ST - ZIP	MIAMI, FL 33196
TITLE	S
NAME	URIBE, MYRIAM
STREET ADDRESS	9409 FONTAINEBLEAU #206
CITY - ST - ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/08/06-80082-005 150.00

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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: [Signature] DATE 2-17-06 OFFICER OR DIRECTOR ID 305-219-9878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate File No.