2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004
Secretary of State

DOCUMENT# P02000119051

Entity Name: UMMC, INC.

Current Principal Place of Business:

150 SE 2ND AVENUE
SUITE 1010
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

150 SE 2ND AVENUE
SUITE 1010
MIAMI, FL 33131

New Mailing Address:

FEI Number: 74-3069892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLOGNA, STEFANIA ESQ
150 SE 2ND AVENUE
SUITE 1010
MIAMI, FL 33131

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPTD ( ) Delete
Name: DELLEA, CARLA
Address: 227 MICHIGAN AVE STE #101
City-St-Zip: MIAMI BEACH, FL 33139

Title: PSD ( ) Delete
Name: TOSCANI, EMILIO
Address: 227 MICHIGAN AVE STE #101
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete
Name: DIPERSIA, GIAMPIERO
Address: 10 NE 39TH STREET
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change ( ) Addition
Name: DELLEA, CARLA
Address: 227 MICHIGAN AVE STE #101
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change ( ) Addition
Name: TOSCANI, EMILIO
Address: 227 MICHIGAN AVE STE #101
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA DELLEA P 06/14/2004

Electronic Signature of Signing Officer or Director — Date