

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90024 043 \*\*\*150.00

**DOCUMENT # P02000122899**

1. Entity Name  
**UBALDINO PROPERTIES, INC.**



Principal Place of Business  
**400 SURFSIDE BOULEVARD  
SURFSIDE, FL 33154**

Mailing Address  
**1150 NW 72ND AVE  
UNIT 555  
MIAMI, FL 33126**

**50058758**



07242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1138057**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DARROW, KENNETH F  
218 COMMERCIAL BLVD., #208J  
LAUDERDALE BY THE SEA, FL 33308**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
UBALDINO, CALVENTO  
400 SURFSIDE BLVD  
MIAMI BEACH, FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
CALVENTO, MARIA J  
400 SURFSIDE BLVD  
MIAMI BEACH, FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TSD  
CALVENTO, FERNANDO  
400 SURFSIDE BLVD  
MIAMI BEACH, FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Fernando Calvento* 7/26/05 305-994-7528

# ATTACHMENT

50058958  
# P02000122899

UBALDINO PROPERTIES INC..  
1150 N.W. 72nd Avenue #555  
Miami, Florida, 33126

July 27, 2005

Florida Department of State  
P.O. Box 6327  
Tallahassee, Fl., 32314

Gentlemen:

We were surprised to find out that our corporation was to be dissolved for not sending the annual report for the year 2005 as it appears we did not receive the annual report renewal from your office.

We are attaching our check for \$150.00 and respectfully request that our corporation be reinstated.

We are also attaching the annual report for the year 2005 obtained through the internet.

Thank you for your assistance in this matter.

Respectfully,

UBALDINO PROPERTIES INC.

  
Fernando Calvento  
Treasurer