

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003023

FILED  
Apr 15, 2004  
Secretary of State

**Entity Name:** PROYECTO UNITON CENTER UNIVERSARTES PRODUCTIONS, INC.

**Current Principal Place of Business:**

1527 SW 131 AVENUE  
MIAMI, FL 33184 US

**New Principal Place of Business:**

**Current Mailing Address:**

1527 SW 131 AVENUE  
MIAMI, FL 33184 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CABEIRO, PABLO  
1527 SW 131 AVENUE  
MAIMI, FL 33184 US

**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: PD ( ) Delete  
Name: CABEIRO, PABLO  
Address: 1527 SW 131 AVENUE  
City-St-Zip: MIAMI, FL 33184 US

Title: VPSD ( ) Delete  
Name: LEGRA, ISABEL  
Address: 1527 SW 131 AVENUE  
City-St-Zip: MIAMI, FL 33184 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VPT ( ) Change (X) Addition  
Name: PENELAS, LUIS  
Address: 6209 NW 171 ST  
City-St-Zip: HIALEAH, FL 33015 US

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: PABLO CABEIRO

PD

04/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date