

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90218 017 ***150.00

DOCUMENT # P03000003023 1. Entity Name PROYECTO UNITON CENTER UNIVERSARTES PRODUCTIONS, INC.					
Principal Place of Business 7255 NW 3st Miami, FL 33126		Mailing Address 7255 NW 3st Miami, FL 33126			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number NOT APPLICABLE		Applied For Not Applicable		04162008 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CABEIRO, PABLO 7255 NW 3st Miami, FL 33126			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABEIRO, PABLO 13240 SW 68 ST MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cabeiro Pablo 7255 NW 3st Miami FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FIGUERAS, ISIS 10844 SW 245 ST MIAMI, FL 33032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM PENELAS, LUIS 6209 NW 171 ST HIALEAH, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FIGUERAS, ANTONIO 10844 SW 245 ST MIAMI, FL 33032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XVS SANCHEZ, XENIA 1139 W 44 ST HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM GONZALEZ, LUIS 2775 W. OCKEECHOBEE RD #32 HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Pablo Cabeiro</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			428-08 305-261-5121 Date Daytime Phone #		

ATTACHMENT 40090160

#P03000003023

ADDITIONS TO OFFICERS AND DIRECTORS

<p>TITLE: VS NAME: MELANIE SANCHEZ STREET ADDRESS: 1134 W 44 St CITY-ST-ZIP: Miami FL 33012</p>	<p>TITLE: D NAME: Ramiro Amorlote #205 STREET ADDRESS: 8861 Fontan blue CITY-ST-ZIP: Miami, FL 33145</p>
<p>TITLE: VS NAME: MARIA CRESPO STREET ADDRESS: 170 Tamiami Canal Rd CITY-ST-ZIP: Miami FL 33144</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>
<p>TITLE: VM NAME: Nilo Crespo STREET ADDRESS: 170 Tamiami Canal Rd CITY-ST-ZIP: Miami FL 33144</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>
<p>TITLE: VM NAME: FRANCISCO ERICO STREET ADDRESS: 120 SW 66 AV CITY-ST-ZIP: Miami FL 33144</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>
<p>TITLE: VM NAME: Rebecca ERICO STREET ADDRESS: 120 SW 66 AV CITY-ST-ZIP: Miami FL 33144</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>
<p>TITLE: VM NAME: Maria Rosello STREET ADDRESS: 8861 Fontan blue #205 CITY-ST-ZIP: Miami FL 33145</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>
<p>TITLE: VM NAME: ULICES ALVAREZ STREET ADDRESS: 120 SW 66 AV CITY-ST-ZIP: Miami FL 33145</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>
<p>TITLE: VM NAME: J. Manuel Hernandez STREET ADDRESS: 4395 NW 10th #1 CITY-ST-ZIP: Miami, FL 33126</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>
<p>TITLE: D NAME: David Miranda STREET ADDRESS: 301 SW 65 AVE CITY-ST-ZIP: Miami, FL 33141</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>
<p>TITLE: D NAME: Reynaldo Ruiz STREET ADDRESS: 1855 W 62st #206 CITY-ST-ZIP: Hialeah, FL 33011</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>
<p>TITLE: M NAME: Raiza Cabeiro STREET ADDRESS: 1139 W 49st CITY-ST-ZIP: Hialeah, FL 33012</p>	<p>TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:</p>