

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90348 044 \*\*\*150.00

**DOCUMENT # P03000015905**

1. Entity Name  
**UBALDO GROUP, INC.**



Principal Place of Business  
**6650 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33024**

Mailing Address  
**6650 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33024**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

**03-0505924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**UBALDO, AUGUSTO  
6650 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33024**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: **D** ☐ Delete  
NAME: **UBALDO, MILAGROS R**  
STREET ADDRESS: **12201 NW 59 ST**  
CITY-ST-ZIP: **CORAL SPRINGS, FL 33076**

TITLE: **D** ☐ Delete  
NAME: **UBALDO, AUGUSTO**  
STREET ADDRESS: **12201 NW 59 ST**  
CITY-ST-ZIP: **CORAL SPRINGS, FL 33076**

TITLE: **D** ☐ Delete  
NAME: **UBALDO, JOSE LUIS**  
STREET ADDRESS: **12201 NW 59 ST**  
CITY-ST-ZIP: **CORAL SPRINGS, FL 33076**

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** ☒ Change ☐ Addition  
NAME: **UBALDO, MILAGROS R**  
STREET ADDRESS: **6650 HOLLYWOOD BLVD**  
CITY-ST-ZIP: **HOLLYWOOD, FL 33024**

TITLE: **D** ☒ Change ☐ Addition  
NAME: **UBALDO, AUGUSTO**  
STREET ADDRESS: **6650 HOLLYWOOD BLVD**  
CITY-ST-ZIP: **HOLLYWOOD, FL 33024**

TITLE: **D** ☒ Change ☐ Addition  
NAME: **UBALDO, JOSE LUIS**  
STREET ADDRESS: **6650 HOLLYWOOD BLVD**  
CITY-ST-ZIP: **HOLLYWOOD, FL 33024**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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

**04/27/04**

Date

Daytime Phone #