

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000124934	
1. Entity Name UNITED OUTSOURCING PATENT ENTERPRISES INC.	


Principal Place of Business 7215 SW 94TH PLACE APT #H-8 MIAMI, FL 33173	Mailing Address 7215 SW 94TH PLACE APT #H-8 MIAMI, FL 33173
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

06 APR -6 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



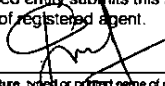
04052006 Chg-P CR2E034 (11/05) 06

4. FEI Number 83-0375415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
UZTARIZ, WILFREDO 7215 SW 94TH PLACE APT #H-8 MIAMI, FL 33173	

7. Name and Address of New Registered Agent	
Name Jossi Martinez	
Street Address (P.O. Box Number is Not Acceptable) 7215 SW 94TH PLACE APT. H-8	
City Miami	FL Zip Code 33173

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.

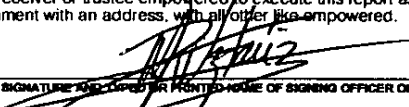
SIGNATURE  DATE **04-05-2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCHANN, RAGUEL		NAME MCHANN, RAQUEL	
STREET ADDRESS 7215 SW 94TH PLACE, APT H8		STREET ADDRESS 7215 SW 94TH PLACE, APT H8	
CITY-ST-ZIP MIAMI, FL 33173		CITY-ST-ZIP MIA-FL; 33173	
TITLE 	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Wilfredo Uztariz	
STREET ADDRESS 		STREET ADDRESS 7215 SW 94TH PLACE APT. H-8	
CITY-ST-ZIP 		CITY-ST-ZIP Miami, FL; 33173	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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:  DATE **04-05-2006** DAYTIME PHONE # **786-2624500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR