2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2005 8:00 am

DOCUMENT # P04000123229 1. Entity Name UC ONE CORP Principal Place of Business Mailing Address				Secretary of State 06-06-2005 90007 040 ***150.00				
3640 YACHT CLUB DR	3640 YACHT CLUB DR							
305 Aventura, FL 33180	305 Aventura, FL 33180			A ITUR ETAR ERIN ER		i atn itil	10AHU	
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	e, Apt. #, etc.		Chg-P	CR2E034 (1	0/03)		
City & State City & State				plied For Applicable				
Zip Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.7 Fee F	5 Addi Required	tional	
6. Name and Address of Currer	nt Registered Agent		7. Name and Ad	dress of New	Registered Agent			
DOCEN ANDRECE		Name	Name					
ROSEN, ANDRES E 3640 YACHT CLUB DR 305		Street Address	Street Address (P.O. Box Number is Not Acceptable)					
AVENTURA, FL FL		1						
		City			FL Z	ip Code		
 The above named entity submits this statement the obligations of registered agent. 	for the purpose of changing its	registered office or regis	tered agent, or both, i	in the State of F	lorida. I am familia	ır with, s	and accept	
SIGNATURE Signature, hypeo or printed name of registered age		Registered Agont signature requi			DATE			
FILE NOWIN FEE IS \$350.00 Due by September 7, 2005	····	gn Financing \$	5.00 May Be dded to Fees					
10. OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CH	ANGES TO OF	FICERS AND DIRE	CTORS	IN 11	
TITLE VP	☐ Defete	TITLE				hange	Addition	
NAME ROSEN, ANDRES E	_	NAME						
STREET ADDRESS 3840 YACHT CLUB DR STÉ 30 CITY-ST-ZP AVENTURA, FL 33180	05	STREET ADDRESS CITY-ST-ZIP						
TITLE								
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12. Thereby 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 flustee 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 attackment with an address, with all other like empowered.

SIGNATURE:

AN DIFF POSEN MAY 2005

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNAMO OFFICER OR DIRECTOR

Date

Design Proce 4