2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Apr 30, 2008 08:0 Secretary of St			
	MENT # P040001561	81				Secretary	y or St
1. Entity Nam UNIFIED	e GLOBAL COMMUNICATIONS	S, INC.					
Principal Place 4400 N PLAN HOLLYWOOD	YER STREET	Mailing Address 4400 N PLAYER STREET HOLLYWOOD, FL 33021		1 IN 8 (48 8) (1) 8	iii: 418 <i># 86</i> 111 84 111 88 11	DI NOBEL BRICE ANGEL INGOLERIOR	II (A 11 (1 (1 (2))
						CR25034 (11/05	}
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	No Chg-P	CR2E034 (11/05	applied For
				42-1651	005		lot Applicable
		· · · · · · · · · · · · · · · · · · ·		5. Certificate of	Status Desired	See Requir	
·	6. Name and Address of Current Re					The second secon	```
4400 N PL	CCI, EMMA P AYER STREET OOD, FL 33021				VOT W		
8. The above the obligate SIGNATURE.	named entity submits this statement for the trons of registered agent.				, in the State of Fk		n, and accept
	Signature Typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fin		.00 May Be	Hoose	DATE 10932735	
10.	OFFICERS AND DI	RECTORS		eris 1, 525	05/22/05	-80066-015	150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P PELLICORI, LOUIS J 13 CAMERON CIRCLE LAUREL SPRINGS, NJ 08021						1
TITLE NAME STREET ADDRESS CITY- ST-ZIP	V CONTRUCCI, ANTHONY R 300 S POINT DR UNIT 1006 MIAMI BEACH, FL 33139					\$ 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONTRUCCI, EMMA P 4400 N PLAYER STREET HOLLYWOOD, FL 33021			DO	NOT W	/RITE	
NAME STREET ADDRESS CITY-ST-ZIP				INT	HIS SI	PACE	
NAME STREET ADDRESS CITY - ST - ZIP						to the second se	
TITLE NAME						THE PARTY OF THE P	A

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:

STREET ADDRESS CITY-ST-ZIP

PSIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

7/x/2008

954-801-4894

Daytime Priorie