
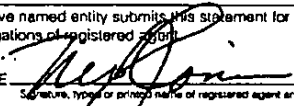
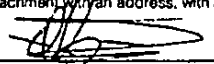


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90029 002 \*\*\*150.00

<b>DOCUMENT # P05000074004</b>					
1. Entity Name <b>UNITED CARIBBEAN PROMOTORS, INC.</b>					
Principal Place of Business <b>714 N 31ST CT HOLLYWOOD, FL 33021</b>			Mailing Address <b>714 N 31ST CT HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>14-1930359</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			Name <b>Caribbean Global Int'l Inc.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1-799-NE-164th-St, Ste 113</b>		
			City <b>North Miami Beach</b>		
			FL Zip Code <b>33162</b>		
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 <b>07-17-06</b>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!! FEE IS \$150.00</b>  <b>Due by September 8, 2006</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> <div>           In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MEJIA, JAMIE</b>		NAME		
STREET ADDRESS	<b>714 N 31ST CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>		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		
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: 		Jaime Mejia, President		7/17/06 305-945-2948	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	