


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-23-2006 90001 007 ***158.75

DOCUMENT # P05000109978			
1. Entity Name UNDERGROUND UTILITY SERVICES, INC			
Principal Place of Business 18645 41ST ROAD NORTH LOXAHATCHEE, FL 33470 US		Mailing Address 18645 41ST ROAD NORTH LOXAHATCHEE, FL 33470 US	
2. Principal Place of Business 17817 83rd Place N.		3. Mailing Address 17817 83rd Place N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Loxahatchee, Fla		City & State Loxahatchee, Fla	
Zip 33470	Country West Palm Bch	Zip 33470	Country West Palm Beach
6. Name and Address of Current Registered Agent PUENTES, BENY 18645 41ST ROAD NORTH LOXAHATCHEE, FL 33470		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PUENTES, BENY 18645 41ST ROAD NORTH LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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07022006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3267060** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

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 *Beny Puentes* 7/21/06