


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 026 ***158.75

DOCUMENT # P05000154134		
1. Entity Name UST XVI CORPORATION		

Principal Place of Business % ESTEIN & ASSOCIATES USA, LTD. 5211 INTRNL DR - ATTN:LOTHAR ESTEIN ORLANDO, FL 32819	Mailing Address % ESTEIN & ASSOCIATES USA, LTD. 5211 INTRNL DR - ATTN:LOTHAR ESTEIN ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box # c/o Estein & Associates USA Ltd 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819	3. Mailing Address c/o Estein & Associates USA Ltd, 4705 S. Apopka Vineland Road Suite 201 Orlando, Fla. 32819
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6. Name and Address of Current Registered Agent ESTEIN, LOTHAR % ESTEIN & ASSOCIATES USA, LTD. 5211 INTERNATIONAL DR ORLANDO, FL 32819		7. Name and Address of New Registered Agent ESTEIN, LOTHAR c/o ESTEIN & ASSOCIATES USA, LTD. 4705 S. Apopka Vineland Rd. Ste. 201 Orlando FL 32819	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D ESTEIN, LOTHAR % 5211 INTERANTAIONL DR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Estein, Lothar 4705 S. Apopka Vineland Road, Suite 201 Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **2/12/08** **(407) 909-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #