
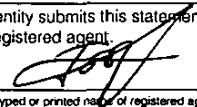
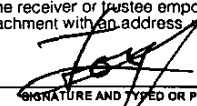


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90096 025 ***150.00

DOCUMENT # P05000157533 1. Entity Name UNITED A.C DUCT CORPORATION					
Principal Place of Business 7130 W 11 CT APTO 20 HIALEAH, FL 33014			Mailing Address 7130 W 11 CT APTO 20 HIALEAH, FL 33014		
2. Principal Place of Business 5805 W 16th AVE		3. Mailing Address 5805 W 16th AVE			
Suite, Apt. #, etc. 104-A		Suite, Apt. #, etc. 104-A			
City & State HIALEAH, FL		City & State HIALEAH, FL			
Zip 33012		Zip 33012		Country 	
6. Name and Address of Current Registered Agent GALLOWAY OFFICE LLC 935 SW 87 AVE MIAMI, FL 33174			7. Name and Address of New Registered Agent Name ENRIQUEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 5805 W 16th AVENUE # 104-A City HIALEAH FL Zip Code 33012		
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 Y  4/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ENRIQUEZ, JORGE 7130 W 11 CT APTO 20 HIALEAH, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P ENRIQUEZ, JORGE 5805 W 16th AVENUE # 104-A HIALEAH, FL 33012	
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	
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	
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	
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	
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: 			4/17/06 786-402-8144 <small>Date Daytime Phone #</small>		