FILED
Jun 12, 2007 8:00 am
Secretary of State

05-22-2007 90017 030 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000162117

1. Entity Name
UNITED INVESTORS GROUP, INC.

Principal Place of Business	Mailing Address
~~12761 SW 45TH DR.~~ MIRAMAR FL 33027	12761 SW 45TH DR. MIRAMAR FL 33027

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17751 SW 2nd street	17751 SW 2nd street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: P. Pines, Florida	City & State: P. Pines, Florida
Zip: 33029 Country: Broward	Zip: 33029 Country: Broward

4. FEI Number 20 3927489 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNOZ, ANDRES 12761 SW 45TH DR. MIRAMAR FL 33027	Name: (Same) 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 [signature] 6/6/7
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D MUNOZ, ANDRES 12761 SW 45TH DR. MIRAMAR FL 33027 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBAN, DIEGO ~~12761 SW 45TH DR.~~ ~~MIRAMAR FL 33027~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3641 SW 195 Ave Miramar Fl, 33029 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 4/30/7 3056216620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #