
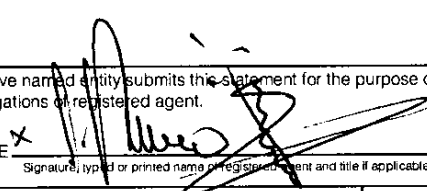
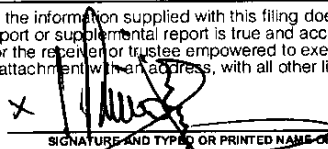


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90004 011 \*\*\*150.00

<b>DOCUMENT # P05000167875</b>			
1. Entity Name <b>U.G.D. STORES INC.</b>			
Principal Place of Business <b>2860 WEST 3 CT. HIALEAH, FL 33010</b>		Mailing Address <b>2860 WEST 3 CT. HIALEAH, FL 33010</b>	
2. Principal Place of Business <b>2860 West 3 Ct.</b>		3. Mailing Address <b>2860 West 3 Ct.</b>	
Suite, Apt. #, etc. <b>1</b>		Suite, Apt. #, etc. <b>1</b>	
City & State <b>Hialeah, FL.</b>		City & State <b>Hialeah, FL.</b>	
Zip <b>33010</b>	Country <b>USA</b>	Zip <b>33010</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>RUSO, ANTONIO 2860 WEST 3 CT. HIALEAH, FL 33010</b>		7. Name and Address of New Registered Agent Name <b>Antonio Ruso</b> Street Address (P.O. Box Number is Not Acceptable) <b>2860 West 3 Court</b> City <b>Hialeah, FL</b> Zip Code <b>33010</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>2/17/06</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP RUSO, ANTONIO 10125 SW 115 CT. MIAMI, FL 33176 <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	DST RUSO, IRMA 10125 SW 115 CT. MIAMI, FL 33176 <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	DVP RUSO, OMAR 2860 W 3 CT. HIALEAH, FL 33010 <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	DVP RUSO, VANESSA 2860 WEST 3 CT. HIALEAH, FL 33010 <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:  DATE: <b>2/17/06</b>			