


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90015 019 ***150.00

DOCUMENT # P05000167875

1. Entity Name
U.G.D. STORES INC.




Principal Place of Business
**2860 WEST 3 CT.
 HIALEAH, FL 33010**

Mailing Address
**2860 WEST 3 CT.
 HIALEAH, FL 33010**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4006776

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUSO, ANTONIO
2860 WEST 3 CT.
HIALEAH, FL 33010

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	RUSO, ANTONIO
STREET ADDRESS	10125 SW 115 CT.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	DST <input type="checkbox"/> Delete
NAME	RUSO, IRMA
STREET ADDRESS	10125 SW 115 CT.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	DVP <input type="checkbox"/> Delete
NAME	RUSO, OMAR
STREET ADDRESS	2860 W 3 CT.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	DVP <input type="checkbox"/> Delete
NAME	RUSO, VANESSA
STREET ADDRESS	2860 WEST 3 CT.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSO Antonio
STREET ADDRESS	1830 South Ocean Dr. Tower 2 Unit 3701
CITY-ST-ZIP	Hialeahdale FL 33009
TITLE	DST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSO IRMA
STREET ADDRESS	1830 South Ocean Dr. Tower 2 Unit 3701
CITY-ST-ZIP	Hialeahdale FL 33009
TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSO OMAR
STREET ADDRESS	11077 N.W. 77 Terrace
CITY-ST-ZIP	Doral FL 33178
TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSO Vanessa
STREET ADDRESS	6706 N.W. 113 Ct.
CITY-ST-ZIP	Doral FL 33178
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Antonio Ruso*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07
 Date

Daytime Phone #