


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000167875

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



Principal Place of Business Mailing Address

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



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-4006776 Not Applicable

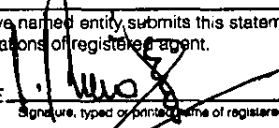
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSO, ANTONIO 1830 SOUTH OCEAN DR TOWER 2 UNIT 3701 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUSO, IRMA 1830 SOUTH OCEAN DR TOWER 2 UNIT 3701 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUSO, OMAR 11055 N.W. 72 TERRACE DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUSO, VANESSA 6206 N.W. 113 CT DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/08-80076-019 150.00

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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: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR