

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002153

FILED
Apr 29, 2009
Secretary of State

Entity Name: UMBE CORP.

Current Principal Place of Business:

% BORIS ROSEN, CPA
1001 BRICKELL BAY DRIVE, STE 1400
MIAMI, FL 33131

New Principal Place of Business:

1410 - 20TH STREET, SUITE 202
SUITE 202
MIAMI BEACH, FL 33139

Current Mailing Address:

% BORIS ROSEN, CPA
1001 BRICKELL BAY DRIVE, STE 1400
MIAMI, FL 33131

New Mailing Address:

1410 - 20TH STREET, SUITE 202
SUITE 202
MIAMI BEACH, FL 33139

FEI Number: 20-4144264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, BORIS
1001 BRICKELL BAY DRIVE, STE 1400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ROSEN, BORIS
1410 - 20TH STREET
SUITE 202
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: BORIS ROSEN

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARRIETA, JUAN A
Address: % BORIS ROSEN, CPA-1001 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: KIRKLAND, JAMES
Address: % BORIS ROSEN, CPA-1001 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: CALVO, ANGELA
Address: % BORIS ROSEN, CPA-1001 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARRIETA, JUAN A
Address: 1410 - 20TH STREET SUITE 202
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: KIRKLAND, JAMES
Address: 1410 - 20TH STREET SUITE 202
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: CALVO, ANGELA
Address: 1410 - 20TH STREET, SUITE 202
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN ARRIETA

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date