

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB -6 PM 12: 24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01312007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000033147		
1. Entity Name UNITED FUNDING FINANCIAL INVESTMENT CORP.		
Principal Place of Business 7855 NW 12 STREET MIAMI, FL 33126		Mailing Address 7855 NW 12 STREET MIAMI, FL 33126
2. Principal Place of Business - No P.O. Box # 15492 SW 274 ST		3. Mailing Address 15492 SW 274 ST
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State HOMESTEAD FL.		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable
City & State HOMESTEAD FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33032	Country USA	Zip 33032
Country USA	6. Name and Address of Current Registered Agent	
BRITO, EVA G 7855 NW 12 STREET MIAMI, FL 33126		7. Name and Address of New Registered Agent
		Name IDAMNIS PEREZ
		Street Address (P.O. Box Number is Not Acceptable)
		15492 SW 274 ST
		City HOMESTEAD FL Zip Code 33032
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 <i>[Signature]</i>		DATE 2-4-2007
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P
NAME BRITO, EVA G		NAME IDAMNIS PEREZ
STREET ADDRESS 7855 NW 12 STREET, SUITE 212		STREET ADDRESS 15492 SW 274 ST
CITY-ST-ZIP MIAMI, FL 33126		CITY-ST-ZIP HOMESTEAD FL, 33032
TITLE	<input type="checkbox"/> Delete	TITLE VP
NAME		NAME MANUEL ANE
STREET ADDRESS		STREET ADDRESS 15492 SW 274 ST
CITY-ST-ZIP		CITY-ST-ZIP HOMESTEAD FL. 33032
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
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TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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: <i>[Signature]</i>		DATE: 2-4-2007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>