

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058693

FILED
Jan 22, 2009
Secretary of State

Entity Name: ULTIMATE RIDES OF THE SOUTHEAST, INC.

Current Principal Place of Business:

3617-2 CROWN POINT RD.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

14476 DUVAL PLACE WEST
SUITE 702
JACKSONVILLE, FL 32218 US

Current Mailing Address:

P.O. BOX 77088
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 20-4752124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, KEVIN S
3617 CROWN POINT RD. #1
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

CARLOS, BOSQUE J
14476 DUVAL PLACE WEST
SUITE 702
JACKSONVILLE, FL 32218 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: CARLOS BOSQUE

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOSQUE, CARLOS
Address: 3617 CROWN POINT RD #2
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOSQUE, CARLOS
Address: 14476-702 DUVAL PLACE WEST
City-St-Zip: JACKSONVILLE, FL 32218 US

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: CARLOS BOSQUE

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date