2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142984

EMERSON, SILVA P

RUA DOS ARTISTAS, 22

VILA VELHA, ES 29100440

Name:

Address:

City-St-Zip:

FILED Apr 17, 2008 Secretary of State

Entity Nar	ne: UNITED G	ROUP USA CORP.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
2023 PAR MARGATE	KSIDE AV. I, FL 33063						
Current Mailing Address:			New Maili	New Mailing Address:			
9808 GRAI 803	ND VERDE WA	Υ					
BOCA RAT	TON, FL 33428						
FEI Number:	20-5879744	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
803	VI W ND VERDE WA FON, FL 33428						
The above in the State	named entity so of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or bo	oth,	
SIGNATUR	RE:						
	Electroni	Signature of Registered Age	ent		Date	_	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SILVA, DAVI W	Delete RDE WAY APT.803 L 33428	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PETER, MIRAND	IEU FEIO, 66, APT. 103	Title: Name: Address: City-St-Zip:	TEIXEIRA, JO RUA NICOLAL	X) Change()Addition ISE M J DE SOUZA QUEIROZ, 760, APT. 53 SP 04580000	ı	
Title: Name: Address: City-St-Zip:	T () I MARCOS, SILVA 19760 DINNER I BOCA RATON, F	KEY DR.	Title: Name: Address: City-St-Zip:	T (. SILVA, MARC 19760 DINNE BOCA RATON	R KEY DR.		
Title:	S ()I	Delete	Title:	S (X) Change ()Addition		

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.

Name:

Address:

City-St-Zip:

ALMEIDA, MARLUCIO V

RIO PIRACICABA, MG 35940000

RUA DIR. ANTONIO C. PENA, 75, CHACRINHA

SIGNATURE: DAVI W SILVA **PRES** 04/17/2008