## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000064151

Entity Name: UNITED INDUSTRIAL GROUP INC.

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1111 LINCOLN ROAD 14 WALL STREET SUITE 400 20TH FLOOR MIAMI BEACH, FL 33139 NEW YORK, NY 10005 **Current Mailing Address: New Mailing Address:** 14 WALL STREET 1111 LINCOLN ROAD SUITE 400 20TH FLOOR MIAMI BEACH, FL 33139 NEW YORK, NY 10005 FEI Number: 26-0276607 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 336123425 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete Title: **PRFS** (X) Change ( ) Addition TORRI, PIERRE L Name: Name: TORRI, PIERRE L 210 SEAVIEW DRIVE #207 14 WALL STREET 20TH FLOOR Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: NEW YORK, NY 10005 Title: Title: **TRES** () Delete () Change () Addition Name: VAZQUEZ, ADA Name: 210 SEAVIEW DRIVE #207 Address: Address: KEY BISCAYNE, FL 33149 City-St-Zip: City-St-Zip: Title: Title: SECT ( ) Delete () Change () Addition VAZQUEZ, ADA Name: Name: 210 SEAVIEW DRIVE #207 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: Title: DIR (X) Delete Title: () Change () Addition TORRI, PIERRE L Name: Name: Address: 210 SEAVIEW DRIVE #207 Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip:

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: PIERRE LUIGI TORRI PRES 04/16/2009