2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095935

Entity Name: UKELELE INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12605 SW 93 PLACE 13175 SW 95 AVENUE MIAMI, FL 33176 MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

12605 SW 93 PLACE MIAMI, FL 33176

FEI Number: 26-3652697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 MIGUEL SILVA, JOSE
 SILVA, JOSE M MR

 12605 SW 93 PLACE
 12605 SW 93 PLACE

 MIAMI, FL 33176 US
 MIAMI, FL 33176 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: JOSE M. SILVA 04/17/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: MIGUEL SILVA, JOSE M MR

 Address:
 12605 SW 93 PLACE
 Address:
 12605 SW 93 PLACE

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33176

Title: P () Delete Title: P (X) Change () Addition Name: MIGUEL SILVA, JULIO JOSE M MR

Address: LOS PIMPINBELAS 187 Address: LOS PIMPINBELAS 187

City-St-Zip: COSTA BRAVA CON CON CHILE, CH 0000 CH

Title: V () Delete Title: V (X) Change () Addition
Name: OPAZO DE SILVA, MARIA CRISTINA MRS
OPAZO DE SILVA, MARIA CRISTINA MRS

Address: LOS PIMPINBELAS 187 Address: LOS PIMPINBELAS 187

City-St-Zip: COSTA BRAVA CON CON CHILE, City-St-Zip: COSTA BRAVA CON CON , CHILE, CH 0000 CH

Title: () Delete Title: (X) Change () Addition CRISTINA SILVA, MARIA SILVA, MARIA C MRS Name: Name: PASEO DE LA FLORIDA 41 - 4TO B Address: PASEP DE LA FLORIDA 41 - 4TO B Address: City-St-Zip: MADRID, ESPANA 28008, City-St-Zip: MADRID, ESPANA, MA 28008 SP

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: JOSE M. SILVA D 04/17/2009