## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Mar 28, 2005 08:00 AM Secretary of State **DOCUMENT # P92000008739** UNITED MARKETING & CONSULTING INC. Principal Place of Business Mailing Address 2020 SW 135 AVE MIAMI FL 33175 2020 SW 135TH AVE. MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4, FE! Number 65-0373223 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORAMAS, CARLOS E 2020 S.W. 135 AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33175** Zip Code City 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THILE Addition TITLE D ☐ Delete ORAMAS, CARLOS E NAME NAME 2020 S.W. 135 AVE. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL CITY-ST-ZIP DP Addition THILE ☐ Delete ORAMAS, VIVIAN D NAME STREET ADOPESS 2020 S.W. 135 AVE. STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY - ST-7IP Delete Ditt Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete THEE Addition **NAME** STREET ADDRESS STREET ADDRESS CHY-S1-7P CITY-ST-ZIP Change ☐ Addilion HILL ☐ Delete HULF NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Addition ЩЦ TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of hustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR