2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000008739

1. Entity Name

UNITED MARKETING & CONSULTING INC.

Principal Place of Business	Mailing Address
2020 SW 135 AVE MIAMI FL 33175 US	2020 SW 135TH AVE. STE 106 MIAMI FL 33175 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0373223 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORAMAS, CARLOS E 2020 S.W. 135 AVE. MIAMI FL 33175	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 acc the obligations of registered agent

SIGNATURE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete NAME ORAMAS, CARLOS E STREET ADDRESS 2020 S.W. 135 AVE. CITY-ST-ZIP MIAMI FL		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	100000046310 03/08/06 80008-008 150.00
TITLE DP ☐ Delete NAME ORAMAS, VIVIAN D STREET ADDRESS 2020 S.W. 135 AVE. CITY-ST-ZIP MIAMI FL		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direc 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 in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-21-06 305-554-5188