2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P92000008739 Feb 26, 2007 08:00 AM **Secretary of State** UNITED MARKETING & CONSULTING INC. Principal Placo of Business Mailing Address 2020 SW 135 AVE MIAMI FL 33175 2020 SW 135TH AVE. STE 106 MIAMI FL 33175 US 2. Principal Placo of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0373223 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) 2020 S.W. 135 AVE. MIAMI FL 33175 City 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 accept 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition шн Delete IIIU. ORAMAS, CARLOS E NAMI NAMI U00000646443 2020 S.W. 135 AVE. STREET ADDRESS STILLET ADDRESS 03/06/07-80033-003 150.00 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP DP TITLE ☐ Delete Change ■ Addition ORAMAS, VIVIAN D NAME NAMI 2020 S.W. 135 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL CHY-SI-78P CITY-ST-ZIP HILE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-7IP Delete Change ☐ Addition HIII NAMI NAME STREET ADDRESS STREET ADDRESS CHY \$1-70 CHY-St-7/P Change ■ Addition HHE Delete HH NAMI NAME STREET ADDRESS STREET ADDRESS CUY-S1-ZIP CITY - ST - ZIP Change ■ Addition 11111 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information

indicated on this report er suppliemental 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 of 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 11 if changed or on an attack my name appears in Block 10 or Block 11 if changed or on an attack my name appears in Block 10 or Block 11 if changes or

CARLOS E. OLAVAS
ED NAME OF SIGNING OFFICER OF DIRECTOR SIGNATURE:

2-21-07 305-554-5188

Davie Dayling Phone :

FILED