


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P93000010751	
1. Entity Name <b>UNITED CIRCUITS, INC.</b>	

Principal Place of Business <b>3161 SW 15TH ST POMPAHO BCH, FL 33069 US</b>	Mailing Address <b>3161 SW 15TH ST POMPAHO BCH, FL 33069 US</b>
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**DO NOT WRITE IN THIS SPACE**



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0385341</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>RUIZ, JAVIER 3161 SW 15TH ST POMPAHO BCH, FL 33069</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<p>11000000161543 05/26/04-80003-012 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUIZ, JAVIER C 3161 SW 15TH ST POMPAHO BCH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RUIZ, CYNTHIA L 3161 SW 15 STR POMPAHO BCH, FL	
TITLE 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 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 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 attachment with an address, with all other like empowered.

SIGNATURE: 	5-24-04 954-971-6860
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>