2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000010751

Entity Name
UNITED CIRCUITS, INC.

Principal Place of Business	Mailing Address
6500 NW 21 AVENUE FT. LAUDERDALE, FL 33309 US	6500 NW 21 AVENUE 10 FT. LAUDERDALE, FL 33309 US

01202006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0385341
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ, JAVIER
6500 NW 21 AVENUE
10
FT. LAUDERDALE, FL 33309

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

OFFICERS AND DIRECTORS

TITLE	P
NAME	RUIZ, JAVIER C
STREET ADDRESS	6500 NW 21 AVENUE #10
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	ST
NAME	RUIZ, CYNTHIA L
STREET ADDRESS	6500 NW 21 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80064-014 150.00

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: Cynthia L. Ruiz 1/26/06 954-971-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #