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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000082901

1. Entity Name
UGARTE & CANDELA, INC.

Principal Place of Business	Mailing Address
4230 S.W. 11TH ST MIAMI, FL 33134 US	4230 S.W. 11TH ST MIAMI, FL 33134 US

DO NOT WRITE IN THIS SPACE

06152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0538515
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANDELA, JOSE
4230 S.W. 11TH ST
MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	UGARTE, ANTONIO
STREET ADDRESS	4230 S.W. 11TH ST
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	P
NAME	CANDELA, JOSE
STREET ADDRESS	4230 S.W. 11TH ST
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #