
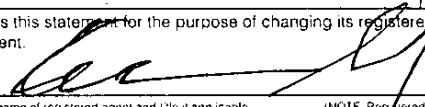
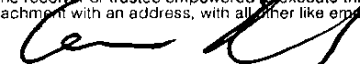


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90324 028 ***158.75

DOCUMENT # P95000048257			
1. Entity Name ULTRA SYSTEMS PRODUCTS, INC.			
8050 NW 66 ST 6501 B NW 74TH AVE MIAMI, FL 33166		8050 NW 66 ST. 6501 B NW 74TH AVE MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 8050 NW 66 Street Suite, Apt. #, etc.		3. Mailing Address 8050 NW 66 St Suite, Apt. #, etc.	
City & State Miami, FL Zip 33166 Country USA		City & State Miami, FL Zip 33166 Country USA	
4. FEI Number 65-0763258		Applied For Not Applicable	
5. Certificate of Status Desired A \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUBIO, GUILLERMO A. 6501 B NW 74TH AVE MIAMI, FL 33166 8050 NW 66 ST. MIAMI, FL 33166		7. Name and Address of New Registered Agent Name RUBIO, Guillermo A. Street Address (P.O. Box Number is Not Acceptable) 8050 NW 66 St City miami FL Zip Code 33166	
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 4-16-08 Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUBIO, GUILLERMO A 11019 SW 148TH CT MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: 		4-16-08 305-541-8309	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

4



04082008 Chg-P CR2E034 (12/06)