

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90278 001 \*1,500.00

**DOCUMENT # P95000077425**



1. Entity Name  
 U.B.F., INC.

Principal Place of Business  
 13001 NW 42ND AVENUE  
 MIAMI, FL 33054

Mailing Address  
 13001 NW 42ND AVENUE  
 MIAMI, FL 33054

**66013654**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Sulte, Apt. #, etc.

03272006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0641104

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICOTTA, RONALD S  
 13001 NW 42ND AVENUE  
 MIAMI, FL 33054

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 relating)

4/24/06  
 DATE

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
 NAME RICOTTA, RONALD S  
 STREET ADDRESS 841 SW 56TH AVENUE  
 CITY-ST-ZIP PLANTATION, FL 33317

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME MESTRE, FRANCISCO A  
 STREET ADDRESS 14931 BEL AIRE DR S  
 CITY-ST-ZIP PEMBROKE PINES, FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 ✓

**Charles M. Diveto, Jr., CPA, PA**

4/24/06 954-321-6200  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 4250 N.W. 14th Street  
 Plantation, Florida 33317