

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045891

FILED
Apr 04, 2005
Secretary of State

Entity Name: UNITED COLORS PRODUCTIONS, INC.

Current Principal Place of Business:

3350 NE 192 ST
3E
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3350 NE 192 ST
3E
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0761341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDERRAMA, LUIS
3350 NE 192 STREET I I
3E
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

VALDERRAMA, LUIS
3350 NE 192 STREET
3E
AVENTURA, FL 33180 US

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.

SIGNATURE: LUIS VALDERRAMA

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALDERRAMA, LUIS
Address: 3350 NE 192 ST, 3-E
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: VALDERRAMA, ANDREA
Address: 3350 NE 192 ST, 3-E
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS VALDERRAMA

D

04/04/2005

Electronic Signature of Signing Officer or Director

Date