2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069725

Entity Name: UNITED CAPITAL TRADING, INC.

FILED Mar 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

2915 SW 106 AVE MIAMI, FL 33165

Current Mailing Address: New Mailing Address:

2915 SW 106 AVE MIAMI, FL 33165

FEI Number: 65-0781154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASIN, RAUL CASIN, RAUL H
2915 SW 106 AVE 2915 SW 106 AVE
MIAMI, FL 33165 US MIAMI, FL 33165 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: RAUL CASIN 03/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: PSTD (X) Change () Addition

Name: CASIN, RAUL Name: CASIN, RAUL H

 Address:
 2915 SW 106TH AVENUE
 Address:
 2915 SW 106TH AVENUE

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI, FL 33165

Title: PD (X) Delete Title: () Change () Addition

 Name:
 CASIN, RAUL L
 Name:

 Address:
 12719 SW 63RD CIRCLE TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33183
 City-St-Zip:

Title: TSD (X) Delete Title: () Change () Addition

| Name: CASIN, NORMA | Name: Address: 2915 SW 106TH AVENUE | Address: City-St-Zip: MIAMI, FL 33165 | City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAUL CASIN PSTD 03/21/2009