

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000102982

1. Entity Name
UTC INVESTMENTS, INC.



Principal Place of Business
8950 N.W. 79TH AVENUE
MIAMI, FL 33166

Mailing Address
8950 N.W. 79TH AVENUE
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0805625	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

CANAL, JOSE A
8950 N.W. 79TH AVENUE
MIAMI, FL 33166

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000871931
04/10/08-80018-013 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOZZAYANPOUR, ALI 8950 N.W. 79TH AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANAL, JOSE A 8950 N.W. 79TH AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONTES, GERONIMO 8950 N.W. 79TH AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Gerry Montes 03/28/08 (305) 885-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #