


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 12, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000044004</b>		
1. Entity Name <b>UNION CREDIT CORPORATION</b>		

Principal Place of Business <b>1150 S MIAMI AVE MIAMI FL 33130</b>	Mailing Address <b>1150 S MIAMI AVE MIAMI FL 33130</b>
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

<b>RISHMAGUE, MIGUEL</b> <b>1150 S MIAMI AVE</b> <b>MIAMI FL 33130</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>PD</b> <b>RISHMAGUE, MIGUEL</b> <b>1150 S MIAMI AVE</b> <b>MIAMI FL 33130</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: center;"> <b>110000300016</b>  <b>04/12/05-80003-004 150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Miguel Rishmague **(04/07/05) (305-398-9000)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #