## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000081890

Entity Name: UNITED LASER ARTISTS, INC.

**FILED** Apr 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

665 NE 83 TERRACE 6727 INDIAN CREEK DRIVE

406 12

MIAMI, FL 33138 MIAMI BEACH, FL 33141

**Current Mailing Address: New Mailing Address:** 

665 NE 83 TERRACE 6727 INDIAN CREEK DRIVE

MIAMI, FL 33138 MIAMI BEACH, FL 33141

FEI Number: 65-0946115 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CAPRILES, EDUARDO E CAPRILES, EDUARDO E 665 NE 83 TERRACE 6727 INDIAN CREEK DRIVE 406

MIAMI, FL 33138 US MIAMI BEACH, FL 33141 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: EDUARDO CAPRILES 04/15/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS ( ) Delete Title: **PRFS** (X) Change ( ) Addition CAPRILES, EDUARDO E PRES Name: CAPRILES, EDUARDO E PRES Name: 665 NE 83 TERRACE, SUITE 406 6727 INDIAN CREEK DRIVE, SUITE 12 Address: Address:

MIAMI, FL 33138 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33141

( ) Delete Title: PRES Title: (X) Change ( ) Addition Name: EDUARDO, CAPRILES E PRES Name: EDUARDO, CAPRILES E PRES 665 NE 83 TERRACE, SUITE 406 6727 INDIAN CREEK DRIVE, SUITE 2 Address: Address:

MIAMI, FL 33138 MIAMI BEACH, FL 33141 City-St-Zip: 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: EDAURDO CAPRILES **PRES** 04/15/2009

Electronic Signature of Signing Officer or Director

Date