


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V38402**  
1. Entity Name  
U.C. PROPERTIES CORP.



Principal Place of Business: 2121 SW 3RD AVENUE, 8TH FLOOR, MIAMI, FL 33129  
Mailing Address: 2121 SW 3RD AVENUE, 8TH FLOOR, MIAMI, FL 33129



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-0343394 Applied For / Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
TRANSAL CORPORATION  
2121 SW 3RD AVENUE  
8TH FLOOR  
MIAMI, FL 33129

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: 04/26/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

04/26/05-80090-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	POMA, EDUARDO
STREET ADDRESS	2121 SW 3RD AVENUE
CITY - ST - ZIP	MIAMI, FL
TITLE	DP
NAME	POMA, ERNESTO
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOR
CITY - ST - ZIP	MIAMI, FL
TITLE	DS
NAME	PITA, RODOLFO E
STREET ADDRESS	2121 SW 3RD AVE., 8TH FLOOR
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  Rodolfo Pita 04/19/05 (305) 285-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #