


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90158 016 ****50.00

DOCUMENT # L01000016387

1. Entity Name
UNIVERSAL FIDELITY GROUP, LLC



Principal Place of Business
**2828 S.W. 22ND ST.
 SUITE 208
 MIAMI, FL 33145**


Mailing Address
**2828 S.W. 22ND ST.
 SUITE 208
 MIAMI, FL 33145**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1139805

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROMAN, NORBERTO
 145 ORQUIDEDA AVE
 CORAL GABLES, FL 33143**

7. Name and Address of New Registered Agent

Name **JORGE PELL**

Street Address (P.O. Box Number is Not Acceptable)
2828 S.W. 22ND STREET - SUITE 208

City **MIAMI** Zip Code **FL 33145**

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 Jorge Pell - MGRM Member DATE 1-18-05

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

Filing Fee is \$50.00 Due by May 1, 2005

J Pell

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELL, JORGE R 2828 SW 22ND ST. STE 208 MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLSKY, JULIA P 2828 SW 22ND ST. STE 208 MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMAN, NORBERTO 2828 SW 22ND ST STE 208 MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J Pell **JORGE R. PELL** DATE 1-18-05 (305) 648-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE