

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90419 009 ***150.00

DOCUMENT # M42892

1. Entity Name
UNIVERSAL SEAT COVERS & AUTO ACCESSORIES, INC.



Principal Place of Business
 2370 SW 67TH AVE.
 MIAMI, FL 33155 US

Mailing Address
 2370 SW 67TH AVE.
 MIAMI, FL 33155 US

66015937



DO NOT WRITE IN THIS SPACE

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2738004

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEL CRISTO, ISORA
 7950 SW 94 AVE
 MIAMI, FL 33173

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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 **4/12/06**

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

FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEL CRISTO, ISORA 8085 S.W. 107TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABDALA, JACINTO 2370 SW 67 AVE MIAMI, FL
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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 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: _____ DATE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR