


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000002156
 1. Entity Name
 UNIVERSAL TRADING OF SOUTH FLORIDA, INC.



Principal Place of Business: 6500 NW 72 AVE, MIAMI, FL 33166
 Mailing Address: 6500 NW 72 AVE, MIAMI, FL 33166

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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number: 01-0561562
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 ITZCOVITCH, MARCEL
 6500 NW 72 AVE
 MIAMI, FL 33166

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ITZCOVITCH, MARCEL
STREET ADDRESS	6500 NW 72 AVE
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	TD
NAME	ITZCOVITCH, MARIEL
STREET ADDRESS	6500 NW 72 AVE
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	VS
NAME	ELIAS, NATIVIDAD R
STREET ADDRESS	6500 NW 72 AVE
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  **MARIEL ITZCOVITCH TD** 1/26/04 (305) 463 0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #