

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088871

FILED  
Feb 07, 2012  
Secretary of State

Entity Name: UNIVERSAL LIFE INSURANCE (FL) COMPANY

## Current Principal Place of Business:

C/O POST & ROMERO  
3195 PONCE DE LEON BLVD, SUITE 400  
CORAL GABLES, FL 33134

## New Principal Place of Business:

C/O POST & ROMERO  
3195 PONCE DE LEON BLVD, SUITE 400  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

C/O POST & ROMERO  
3195 PONCE DE LEON BLVD, SUITE 400  
CORAL GABLES, FL 33134

## New Mailing Address:

C/O POST & ROMERO  
3195 PONCE DE LEON BLVD, SUITE 400  
CORAL GABLES, FL 33134 US

FEI Number: 66-0502334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAW OFFICE OF CARLOS A. ROMERO, JR., P.A.  
3195 PONCE DE LEON BLVD, SUITE 400  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: MIRANDA, CASANA  
Address: PO BOX 71338  
City-St-Zip: SAN JUAN, PR 00919 US

Title: D  
Name: MIRANDA, MONIQUE  
Address: PO BOX 71338  
City-St-Zip: SAN JUAN, PR 00919 US

Title: D  
Name: AMADEO, JORGE J  
Address: PO BOX 71338  
City-St-Zip: SAN JUAN, PR 00919 US

Title: D  
Name: RODRIGUEZ, RAFAEL  
Address: PO BOX 71338 SAN JUAN PR 00919  
City-St-Zip: SAN JUAN, PR 00919 US

Title: D  
Name: MEDINA, JOSE  
Address: PO BOX 71338  
City-St-Zip: SAN JUAN, PR 00919 US

Title: D  
Name: FREYRE, JORGE  
Address: PO BOX 71338  
City-St-Zip: SAN JUAN, PR 00919 US

I hereby 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 all other like empowered.

SIGNATURE: MONIQUE MIRANDA

D

02/07/2012

Electronic Signature of Signing Officer or Director

Date