

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137616

FILED
Feb 26, 2004
Secretary of State

Entity Name: UNIVERSAL INSURANCE MANAGERS, INC.

Current Principal Place of Business:

21808 DEER POINT CROSSING
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

21808 DEER POINT CROSSING
BRADENTON, FL 34202

New Mailing Address:

PO BOX 50908
SARASOTA, FL 34232 US

FEI Number: 42-1610421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KARLINSKY, FRED E
2000 W COMMERCIAL BLVD
SUITE 232
FT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Change (X) Addition
Name: PADILLA, JORGE L
Address: GPO BOX 71338
City-St-Zip: SAN JUAN, PR 00936 US

Title: S () Change (X) Addition
Name: CRUZ, CECILIA
Address: GPO BOX 71338
City-St-Zip: SAN JUAN, PR 00936 US

Title: C () Change (X) Addition
Name: CASANAS, LUIS MIRANDA
Address: GPO BOX 71338
City-St-Zip: SAN JUAN, PR 00936 US

Title: P () Change (X) Addition
Name: ESPINO, RICARDO A
Address: PO BOX 50908
City-St-Zip: SARASOTA, FL 34232 US

Title: V () Change (X) Addition
Name: REES, LORA
Address: PO BOX 50908
City-St-Zip: SARASOTA, FL 34232 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICARDO A ESPINO

P

02/26/2004

Electronic Signature of Signing Officer or Director

Date