
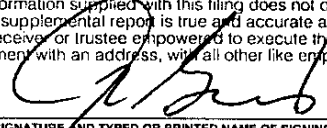


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90292 006 ***158.75

DOCUMENT # P03000137616							
1. Entity Name UNIVERSAL INSURANCE MANAGERS, INC.							
Principal Place of Business 101 ARTHUR ANDERSEN PARKWAY SUITE 220 SARASOTA, FL 34232		Mailing Address 101 ARTHUR ANDERSEN PARKWAY SUITE 220 SARASOTA, FL 34232					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 42-1610421			
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KARLINSKY, FRED E 2000-W-COMMERCIAL-BLVD SUITE 232 FT LAUDERDALE, FL 33309			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	T / D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	PADILLA, JORGE L	NAME	Mange, Luis Berrios				
STREET ADDRESS	GPO BOX 71338	STREET ADDRESS	GPO Box 71338				
CITY-ST-ZIP	SAN JUAN, PR 00936	CITY-ST-ZIP	San Juan, PR 00936				
TITLE	S / D <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	CRUZ, CECILIA	NAME	Campbell, Ramsey H.				
STREET ADDRESS	GPO BOX 71338	STREET ADDRESS	PO Box 50908				
CITY-ST-ZIP	SAN JUAN, PR 00936	CITY-ST-ZIP	Sarasota, FL 34232				
TITLE	C / D <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	CASANAS, LUIS MIRANDA	NAME	Burns, John W.				
STREET ADDRESS	GPO BOX 71338	STREET ADDRESS	PO Box 50908				
CITY-ST-ZIP	SAN JUAN, PR 00936	CITY-ST-ZIP	Sarasota, FL 34232				
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	ESPINO, RICARDO A	NAME	Miranda, Monique				
STREET ADDRESS	PO BOX 50908	STREET ADDRESS	GPO Box 71338				
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	San Juan, PR 00936				
TITLE	V <input type="checkbox"/> Delete	TITLE					
NAME	REES, LORA	NAME					
STREET ADDRESS	PO BOX 50908	STREET ADDRESS					
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP					
TITLE		TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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:  JOHN BURNS			Date: 4/15/05 Daytime Phone #: 941 578 8957				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							