


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000147349	
1. Entity Name UNIVERSAL SEALING APPLICATIONS, INC.	

Principal Place of Business 7236 NW 72ND AVE MIAMI, FL 33166	Mailing Address 7236 NW 72ND AVE MIAMI, FL 33166
--	--

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0499104	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent

HOLDEN, JORGE T
 11800 BERRY DRIVE
 COOPER CITY, FL 33026

DO NOT WRITE IN THIS SPACE

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 *Jorge T. Holden* *Jorge T. Holden* *1/9/2007*
Signature typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	DIR HOLDEN, GEORGE A 11800 BERRY DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOLDEN, RUTH L 11800 BERRY DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOLDEN, JORGE T 11800 BERRY DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEMKE, JEFFREY D 10773 NW 58TH ST # 340 DORAL, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000595585
 01/16/07-90018-015 159.75

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: *Jeffrey D. Lemke* *Jeffrey D. Lemke* *1/9/2007* *305 206-9920*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #