2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000022506

FILED Apr 19, 2005 Secretary of State

Entity Name: UNIVERSAL INSURANCE HOLDING COMPANY OF FLORIDA

Current Principal Place of Business:			New Principa	New Principal Place of Business:	
2875 N.E	191ST				
STE 300 MIAMI, FL	33180				
Current Mailing Address:			New Mailing	New Mailing Address:	
2875 N.E	191ST				
STE 300 MIAMI, FL	33180				
El Number	: 65-0835338	FEI Number Applied For ()	FEI Number Not Applicat	ble () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Ad	ddress of New Registered Agent:	
P O BOX (200 E. GA					
	e named entit e of Florida.	y submits this statement for the	purpose of changing its r	registered office or registered agent, or both,	
SIGNATU					
	Electr	onic Signature of Registered A	gent	Date	
lection Ca	mpaign Financ	ing Trust Fund Contribution ().			
OFFICER	S AND DIRE	CTORS:	ADDITIONS/	CHANGES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	MEIER, BRAI	1ST ST., #300	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: address: city-St-Zip:	SLOGOFF, R	1ST ST., #300	Title: Name: Address: City-St-Zip:	()Change ()Addition	
itle: lame: ddress: city-St-Zip:	WILENTZ, JO	1ST ST., #300	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Nddress: Dity-St-Zip:	KELLNER, IF	1ST ST., #300	Address: 28	(X) Change()Addition IEIER, NORMAN M 875 N.E. 191ST ST., #300 IIAMI, FL 33180	
ïtle: lame:	MEIER, NOR	1ST ST., #300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip:	, 0				

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: BRADLEY I MEIER PD 04/19/2005