

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048583

FILED
Jun 02, 2008
Secretary of State

Entity Name: UNIVERSAL ENVIRONMENTAL SERVICES INC.

Current Principal Place of Business:

2101 SW SAVAGE BLVD
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

136 N E 4TH AVENUE
DEERFIELD BEACH, FL 33441 US

Current Mailing Address:

2101 SW SAVAGE BLVD
PORT ST LUCIE, FL 34953 US

New Mailing Address:

136 N E 4TH AVENUE
DEERFIELD BEACH, FL 33441 US

FEI Number: 65-0843917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MAURICE
2101 SW SAVAGE BLVD
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

AVITAN, DORON
136 N E 4TH AVENUE
DEERFIELD BEACH, FL 33441 US

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: D AVITAN

06/02/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BISSOON, HARNARINE
Address: 2120 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33316 US

Title: DPST () Delete
Name: COHEN, MAURICE
Address: 2101 SW SAVAGE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AHARON, GILI
Address: 136 N E 4TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: VPT (X) Change () Addition
Name: COHEN, MAURICE
Address: 2101 SW SAVAGE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: S () Change (X) Addition
Name: AVITAN, DORON
Address: 136 N E 4TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: G AHARON

P

06/02/2008

Electronic Signature of Signing Officer or Director

Date