


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 529685</b> 1. Entity Name UNIVERSAL LITHO AND ALBUMS, INC.	
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Principal Place of Business 550 W 84TH STREET HIALEAH GARDENS, FL 33014-3616 US	Mailing Address 550 W 84TH STREET HIALEAH GARDENS, FL 33014-3616 US
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03192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1729613	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GARCIA, CARLOS O  
510 NW 32 AVE  
MIAMI, FL 33184

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required if applicable)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PD GARCIA, CARLOS O. 510 NW 32TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, DARIO 1865 BRICKELL AVE., #708 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORENO, ANTONIO 13330 S.W. 5TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAGE, ROBERTO CALLE 6 B-1 MANSIONES GARDEN HILLS GUAYNABO, PR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000275834  
03/25/05-80019-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 3-22-05 / 305 / 557-2552