



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 610342</b>			
1. Entity Name LIBRERIA, DISTRIBUIDORA Y EDICIONES UNIVERSAL, INC.			
Principal Place of Business 3090 SW 8TH ST MIAMI, FL 33135 US		Mailing Address 3090 SW 8TH ST MIAMI, FL 33135 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04262005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0063530	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			<b>DO NOT WRITE IN THIS SPACE</b>
SALVAT, JUAN M. 3090 SW 8TH ST. MIAMI, FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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			
TITLE	P		
NAME	SALVAT, JUAN M.		
STREET ADDRESS	790 SW 21ST RD.		
CITY-ST-ZIP	MIAMI, FL		
TITLE	S		
NAME	SALVAT, MARTA L.		
STREET ADDRESS	790 SW 21ST RD.		
CITY-ST-ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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)(i), 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 data as required.			
SIGNATURE: 		4/28/05 (305) 412-1810	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	