


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90020 010 ***150.00

DOCUMENT # 696473 1. Entity Name UNIVERSITY HILLS, INC.	
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Principal Place of Business C/O MR. JOSE GONZALEZ 1586 ANTOINETTE CT OVIEDO, FL 32765	Mailing Address C/O MR. JOSE GONZALEZ 1586 ANTOINETTE CT OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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

ADELA A. GONZALEZ
1586 ANTOINETTE COURT
OVIEDO, FL 32765

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PTSD GONZALEZ, ADELA A 1586 ANTOINETTE CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GONZALEZ, JOSE A 9920 DEAN COVE LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, JOSE 1586 ANTOINETTE CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Adela A. Gonzalez. February 11, 2008 (407)359-9576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #