

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696473

FILED  
Apr 14, 2011  
Secretary of State

Entity Name: UNIVERSITY HILLS, INC.

**Current Principal Place of Business:**

C/O MR. JOSE GONZALEZ  
1586 ANTOINETTE CT  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MR. JOSE GONZALEZ  
1586 ANTOINETTE CT  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADELA A. GONZALEZ  
1586 ANTOINETTE COURT  
OVIEDO, FL 32765    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      PTSD  
Name:                      GONZALEZ, ADELA A  
Address:                      1586 ANTOINETTE CT  
City-St-Zip:                      OVIEDO, FL 32765

Title:                      VPD  
Name:                      GONZALEZ, JOSE A  
Address:                      9920 DEAN COVE LANE  
City-St-Zip:                      ORLANDO, FL

Title:                      VP  
Name:                      GONZALEZ, JOSE  
Address:                      1586 ANTOINETTE CT.  
City-St-Zip:                      OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: JOSE GONZALEZ

VP

04/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date