2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90247 018 ***158.75

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1. Entity Name
UNIVERSAL INSURANCE COMPANY

60034783

Principal Place of Business	Mailing Address
METRO OFFICE PARK STREET 1 LOT 10 GUAYNABO, PR 00969	G.P.O. BOX 71338 SAN JUAN, PR 00936 – 8438

01132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
66-0313825
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMERO, CARLOS A JR 3195 PONCE DE LEON BLVD. S-400 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 acc the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CASANAS, LUIS MARANDA G.P.O.BOX 71338 SAN JUAN, PR 00936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Add CASAÑAS, LUIS MIRANDA SAN JUAN, PR 00936-8438
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMADEO, JORGE J PO BOX 193900 SAN JUAN, PR 009193900	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BERRIOS, LUIS G.P.O. BOX 71338 SAN JUAN, PR 00936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GONZALEZ, CECILIA CRUZ G.P.O. BOX 71338 SAN JUAN, PR 00936	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MIRANDA MERLE, MONIQUE P.O. BOX 71338 SAN JUAN, PR 00936-8438 ☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARITERE, JIMENEZ METRO OFFICE PARK GUAYNABO, PR 00969	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Add P.O. BOX 71338 SAN JUAN, PR 00936-8438
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mariterе Jimenez MARITERE JIMENEZ 787-706-7155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #