


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90033 036 \*\*\*\*70.00

<b>DOCUMENT # F93000005011</b> 1. Entity Name THE UNIVERSAL CHURCH CORP.					
Principal Place of Business 500 PALM AVENUE HIALEAH, FL 33010			Mailing Address 220 E 23RD ST SUITE 509 NEW YORK, NY 10010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3443110	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AVERILL, JOSEPH P 710 CITY NATIONAL BANK BUILDING 25 WEST FLAGLER STREET MIAMI, FL 33130			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 accept 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)					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINBOTHAM, FORREST		NAME		
STREET ADDRESS	220 E. 23RD STREET, SUITE 509		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINBOTHAM, DAVID		NAME		
STREET ADDRESS	220 E. 23RD STREET, SUITE 509		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONCADA, LILIAN		NAME		
STREET ADDRESS	220 E. 23RD STREET, SUITE 509		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DASILVA, REGINA		NAME		
STREET ADDRESS	220 E. 23RD STREET, SUITE 509		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAIS, RUI		NAME		
STREET ADDRESS	220 E 23RD ST, STE 509		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10010		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: <u>Regina DaSilva, Treasurer</u>			Date: <u>2/15/05</u> Daytime Phone #: <u>212-725-8182</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					