2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# G01437

Entity Name: UNIVERSAL INSURANCE BROKER, CORP.

Current Principal Place of Business:

1312 S.W. 27TH AVENUE
MIAMI, FL 33145

New Principal Place of Business:

1312 S.W. 27TH AVENUE
2ND FLOOR
MIAMI, FL 33145

Current Mailing Address:

1312 S.W. 27TH AVENUE
MIAMI, FL 33145

New Mailing Address:

1312 S.W. 27TH AVENUE
2ND FLOOR
MIAMI, FL 33145

FEI Number: 59-2233832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVINA, ARMANDO J.
1312 S.W. 27TH AVENUE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LAVINA, ARMANDO J.
1312 S.W. 27TH AVENUE
2ND FLOOR
MIAMI, FL 33145 US

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: ARMANDO J. LAVINA 01/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAVINA, ARMANDO J
Address: 1312 SW 27 AVE
City-St-Zip: MIAMI, FL 331451243 US

Title: TS ( ) Delete
Name: LAVINA, SONIA B,
Address: 1312 SW 27 AVE
City-St-Zip: MIAMI, FL 331451243

Title: V ( ) Delete
Name: LAVINA, ARMANDO G
Address: 1312 SW 27 AVE
City-St-Zip: MIAMI, FL 331451243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LAVINA, ARMANDO J
Address: 1312 SW 27 AVE- 2ND FLOOR
City-St-Zip: MIAMI, FL 331451243 US

Title: TS (X) Change ( ) Addition
Name: LAVINA, SONIA B,
Address: 1312 SW 27 AVE- 2ND FLOOR
City-St-Zip: MIAMI, FL 331451243

Title: V (X) Change ( ) Addition
Name: LAVINA, ARMANDO G
Address: 1312 SW 27 AVE- 2ND FLOOR
City-St-Zip: MIAMI, FL 331451243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARMANDO J. LAVINA P 01/16/2009
Electronic Signature of Signing Officer or Director Date