

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03181

FILED
Apr 08, 2009
Secretary of State

Entity Name: UNIVERSAL BEVERAGES HOLDINGS CORPORATION

Current Principal Place of Business:

10033 SAWGRASS DR WEST
SUITE 202
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

PO BOX 448
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 65-0805935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILAM HOWARD NICANDRI DEES & GILLAM PA
14 EAST BAY STREET
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOLIN, ROBERT J
Address: 281 SOUTH HOLLYBROOK DRIVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: MOORE, CLIFFORD A
Address: 205 SOUTH BROADWAY
City-St-Zip: RIVERTON, WY 82501

Title: VD () Delete
Name: MENDIUS, CYDELLE
Address: 533 QUAIL POINTE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PSTD () Delete
Name: MOORE, JONATHAN O
Address: 16 SOUTH LAKE JULIA DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL

Title: D () Delete
Name: ROBINSON, STEVEN
Address: 1401 HORIZON COURT
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: SILVERSTEIN, ALAN
Address: 10 WEST 15TH STREET, APT 321
City-St-Zip: NEW YORK CITY, NY 10011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CYDELLE MENDIUS

VD

04/08/2009

Electronic Signature of Signing Officer or Director

Date