

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25233

Entity Name: UNIVERSAL CAMBIOS, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

143 NE 3 AVE.
MIAMI, FL 33132

New Principal Place of Business:

139 NE 3 AVE.
MIAMI, FL 33132

Current Mailing Address:

143 NE 3 AVE.
MIAMI, FL 33132

New Mailing Address:

139 NE 3 AVE.
MIAMI, FL 33132

FEI Number: 59-2615830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROIF, LILIANS
1900 S. MIAMI AVE.
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

ROIF, LILIANS
139 NE 3 AVE
MIAMI, FL 33132 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: LILIANS ROIF

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: ROIF, LILIANS
Address: 1900 S. MIAMI AVE.
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: ROIF, SAUL
Address: 143 NE 3 AVE
City-St-Zip: MIAMI, FL 33132

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: ROIF, LILIANS
Address: 139 NE 3 AVE
City-St-Zip: MIAMI, FL 33132

Title: VP (X) Change () Addition
Name: ROIF, SAUL
Address: 139 NE 3 AVE
City-St-Zip: MIAMI, FL 33132

Title: D () Change (X) Addition
Name: ROIF, HERMAN
Address: 139 NE 3 AVE
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAUL ROIF

VP

04/21/2005

Electronic Signature of Signing Officer or Director

Date