

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M25233

1. Entity Name
UNIVERSAL CAMBIOS, INC.



Principal Place of Business Mailing Address
139 NE 3 AVE. **139 NE 3 AVE.**
MIAMI, FL 33132 **MIAMI, FL 33132**



07072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2615830 Not Applicable

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

6. Name and Address of Current Registered Agent

ROIF, LILIANS
139 NE 3 AVE
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

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 *Lilians C. Roif* 7/18/06
Signature, typed or printed name of registered agent and title if applicable. DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ROIF, LILIANS
STREET ADDRESS	139 NE 3 AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	VP
NAME	ROIF, SAUL
STREET ADDRESS	139 NE 3 AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	ROIF, HERMAN
STREET ADDRESS	139 NE 3 AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000572121
07/25/06-80016-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 607, 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: *Lilians C. Roif* 7.10.06 (305) 3582994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #