2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M94320

1. Entity Name

UNIVERSITY & SOUTHGATE SERVICE CENTER, INC.



FILED Jan 22, 2008 08:00 AM Secretary of State

Principal Place of Business

7544 W MCNAB RD

#C14

N. LAUDERDALE, FL 33068

Mailing Address

7544 W MCNAB RD

#C14

DO NOT WRITE IN THIS SPACE

N. LAUDERDALE, FL 33068



01172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0067854

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

GONZALVES, STEWART C/O 7544 W. MCNAB ROAD #C-14 N. LAUDERDALE, FL 33068

EWART
IAB ROAD
FL 33068

DO NOT WRITE
IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	red office or re	agistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or pnnted name of registered agent and title	f applicable. (NOTE: Registers	ed Agent algneture	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1. 18 1. 19	organi Saya Landa ya	
TITLE NAME STREET ADDRESS CITY-ST-7IP	DP CONSALVES, STEWART C/O 7544 W MCNAB RD #C14 N. LAUDERDALE, FL 33068				000000790237) 01/23/08-80025-023-150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	1		150000000000000000000000000000000000000		

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

Sawus Generales

(954) 721-0191

1/19/08