## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003613



## **FILED** Jul 12, 2006 8:00 am Secretary of State 04-03-2006 90400 027 \*\*\*\*61.25

1. Entity Name UNIVERSAL FOUNDATION AND CHARITY CORPORATION						0 1 03 <b>2</b> 00	0 20 100			
Principal Place of Business	Mailing A									
2121 PONCE DE LEON BLYD STE 330 CORAL GABLES, FL 33134 2121 PONCE DE LEON BLY CORAL GABLES, FL 33134				<u>. 18 61/16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	660216	59	AIFRI ITAAN IT	Miði di rádi		
2. Principal Place of Business	3. Mailing	Address								
Suite, Apt. #, etc. Su		uite, Apt. #, etc.			02102006 <sub>C</sub>	hg-NP	CR2E037	(11/05)		
City & State Ci		ity & State			4. FEI Number	1961	<del>7</del>		plied For ot Applicable	
Zip Country	Country Zip Cour		Country		5. Certificate of Status Desired Security Securi					
6. Name and Address of Current Registered A		<del> </del>			7. Name and Address of New Registered Agent					
ORTIZ, MICHAEL			Name	Name						
2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134			Street A	Street Address (P.O. Box Number is Not Acceptable)						
		City				FL	Zip Code			
<ol><li>The above named entity submits this statement the obligations of registered agent.</li></ol>	it for the purpose	e of changing its re	gistered office o	register	ed agent, or both, in	the State of Flori	da. Iam farr	nilier with,	and accept	
SIGNATURE Signature, typod or privided name of registered ag	nent end tille if sonbra	notice								
		U-0. [HU12: H	legetired Agent signet	n 4 under 64	mphu cindinghilipid)		DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees		ke check p			
Due by May 1, 2008  10. OFFICERS AND		9. Election Camp	aign Financing		\$5.00 May Be	Florid	ke check p la Departm	ent of St	tate	
Due by May 1, 2006           10.         OFFICERS AND           nm.         P		9. Election Camp	aign Financing ntribution. 11.		\$5.00 May Be Added to Fees	Florid	ke check p la Departm S AND DIREC	ent of St	tate	
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officiated 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with abother like empowered.

SIGNATURE: \_

Michael Octis VP

3/24/06 305976 5270