

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003613

FILED  
Mar 06, 2007  
Secretary of State

**Entity Name:** UNIVERSAL FOUNDATION AND CHARITY CORPORATION

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD STE 330  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

444 BRICKEL AVE.  
SUITE 51-125  
MIAMI, FL 33131

**Current Mailing Address:**

2121 PONCE DE LEON BLVD STE 330  
CORAL GABLES, FL 33134

**New Mailing Address:**

444 BRICKELL AVE.  
SUITE 51-125  
MIAMI, FL 33131

FEI Number: 20-5149612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JIMENEZ, IVELISSE  
444 BRICKELL AVENUE  
SUITE 51-125  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BEDICS, WILLIAM  
Address: % 2121 PONCE DE LEON BLVD STE 330  
City-St-Zip: CORAL GABLES, FL 33134

Title: ST ( ) Delete  
Name: JIMENEZ, IVELISSE  
Address: % 2121 PONCE DE LEON BLVD STE 330  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: ORTIZ, MICHAEL  
Address: 2121 PONCE DE LEON BLVD STE 330  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BEDICS, WILLIAM  
Address: 444 BRICKELL AVE. STE 51-125  
City-St-Zip: MIAMI, FL 33131

Title: ST (X) Change ( ) Addition  
Name: JIMENEZ, IVELISSE  
Address: 444 BRICKELL AVE, STE 51-125  
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Change ( ) Addition  
Name: BEDICS, WILLIAM  
Address: 444 BRICKELL AVE. STE 51-125  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BEDICS

P

03/06/2007

Electronic Signature of Signing Officer or Director

Date