

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003613

FILED
Apr 16, 2008
Secretary of State

Entity Name: UNIVERSAL FOUNDATION AND CHARITY CORPORATION

Current Principal Place of Business:

1825 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1825 PONCE DE LEON BLVD.
PMB 397
CORAL GABLES, FL 33134

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:

JIMENEZ, IVELISSE
1825 PONCE DE LEON BLVD.
PMB 397
CORAL GABLES, FL 33134 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: BEDICS WILLIAM

04/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEDICS, WILLIAM
Address: 1825 PONCE DE LEON BLVD.# PMB 397
City-St-Zip: CORAL GABLES, FL 33134

Title: ST (X) Change () Addition
Name: JIMENEZ, IVELISSE
Address: 1825 PONCE DE LEON BLVD.#PMB 397
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change () Addition
Name: BEDICS, WILLIAM
Address: 1825 PONCE DE LEON BLVD. # PMB 397
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: BEDICS WILLIAM

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date