

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006163

FILED  
Jun 20, 2007  
Secretary of State

Entity Name: UNIVERSAL LIGHT OF THE BLIND, INC.

## Current Principal Place of Business:

1885 W FLAGLER ST  
118  
MIAMI, FL 33135

## New Principal Place of Business:

1835 W FLAGLER ST  
201-118  
MIAMI, FL 33135

## Current Mailing Address:

1885 W FLAGLER ST  
118  
MIAMI, FL 33135

## New Mailing Address:

1835 W FLAGLER ST  
201-118  
MIAMI, FL 33135

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ARIZA, VICTOR M  
1885 W FLAGLER ST  
118  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

ARIZA, VICTOR M  
1835 W FLAGLER ST  
201-118  
MIAMI, FL 33135 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: VICTOR ARIZA

06/20/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARIZA, VICTOR M  
Address: 1885 W FLAGLER ST SUITE # 118  
City-St-Zip: MIAMI, FL 33135

Title: TS ( ) Delete  
Name: BRENA, LUCY  
Address: 1885 W FLAGLER ST SUITE # 118  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ARIZA, VICTOR M  
Address: 1835 W FLAGLER ST SUITE # 201-118  
City-St-Zip: MIAMI, FL 33135

Title: TS (X) Change ( ) Addition  
Name: BRENA, LUCY  
Address: 1835 W FLAGLER ST SUITE # 201-118  
City-St-Zip: MIAMI, FL 33135

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: VICTOR ARIZA

P

06/20/2007

Electronic Signature of Signing Officer or Director

Date