2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007507

FILED Jan 30, 2009 Secretary of State

Entity Name: UNIVERSAL AIDE SOCIETY AMERICA, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	K STREET R, FL 33584			
Current Mailing Address:		New Mailing Address:		
	K STREET R, FL 33584			
El Number	: 26-3204626	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
405 PAR	C, ROBERTSO K STREET R, FL 33584	N US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida.	submits this statement for the լ	ourpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida. RE:	submits this statement for the particles of Registered Agric Signature of Registered Agr		ed office or registered agent, or both, Date
n the State	e of Florida. RE:	nic Signature of Registered Ag	ent	
the State IGNATUI IFFICER Itle: ame: ddress:	e of Florida. RE: Electror S AND DIREC	nic Signature of Registered Age TORS:) Delete BERTSON REET	ent	Date
the State PFFICER ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electron S AND DIREC PRES (LEFRANC, RO 1405 PARK ST SEFFNER, FL	nic Signature of Registered Age FTORS:) Delete BERTSON REET 33584) Delete E	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
the State	e of Florida. RE: Electror S AND DIREC PRES (LEFRANC, RO 1405 PARK ST SEFFNER, FL VP (VILCEUS, MOE 1405 PARK ST SEFFNER, FL	nic Signature of Registered Age FTORS:) Delete BERTSON REET 33584) Delete EREET 33584) Delete CSE / RD SE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date EES TO OFFICERS AND DIRECTOR () Change () Addition

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: ROBERTSON LEFRANC PRES 01/30/2009