## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000022059**

ACRYLIC UNIVERSE, INC.

Principal Place of Business

2500 WEST 84 STREET

SUITE 8

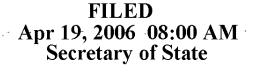
HIALEAH, FL 33016

Mailing Address

2500 WEST 84 STREET

SUITE 8

HIALEAH, FL 33016





04172006 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0987086

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ULFE, JOSE J JR 2500 WEST 84 STREET SUITE 8 HIALEAH, FL 33016

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typoid or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstalling)					DATE
File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financi     Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTÓRS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ULFE, JOSE J JR. 2500 WEST 84 STREET, SUITE 8 HIALEAH, FL 33016	-			UNDOOO520880 05/02/06-80109-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ULFE, SOLANGEL 2500 WEST 84 STREET, SUITE 8 HIALEAH, FL 33016				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
12. I hereby	certify that the information supplied with this i	illing does not qualify for the exe	emptions co	ntained in Chapter 11 we the same legal effe	9, Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director

indicated on this report or supplemental report is triplant accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusted and hydrecy to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition with all other like ampowered.

CONATIEDE:

CONATIEDE:

**IGNATURE:** 

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR