2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

OR PRINTED NAME OF SI

Sep 08, 2004 8:00 am Secretary of State DOCUMENT # P0000052158 09-08-2004 90121 005 ***150 00 1. Entity Name UNIVERSAL CYBER TECHNOLOGY, INC. Mailing Address Principal Place of Business 24083596 3194 CRESCENT DRIVE 3194 CRESCENT DRIVE LARGO, FL 33770 LARGO, FL 33770 rincipal Place of Busines 3. Mailing Address 801-West Bay Drive Drive ite. Apt. #, etc. 09022004 CR2E034 (10/03) Chg-P 200 Çity & State 4. FEI Number Applied For City & State argo 59-3648177 Not Applicable Country A \$8.75 Additional A Ž 5. Certificate of Status Desired 33770 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 Change PSTD TITLE ☐ Addition TITLE ☐ Delete NAME PETRESCUE, BERNARD NAME BOI West Bay Drive. STREET ADDRESS STREET ADDRESS 3194 CRESCENT DRIVE LARGO, FL 33770 🗧 >city-st-zip CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and occurate and that my 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 invested empowered 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 address. With all other like empowered.

FILED