

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90359 044 \*\*\*150.00

<b>DOCUMENT # P02000071958</b> 1. Entity Name <b>UNIVERSAL FINANCE OF MIAMI, INC.</b>			
Principal Place of Business <b>1951 N.W. 97TH AVENUE MIAMI, FL 33172</b>		Mailing Address <b>1951 N.W. 97TH AVENUE MIAMI, FL 33172</b>	
2. Principal Place of Business <b>9025 SW 67TH AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>9025 SW 67TH AVE</b> Suite, Apt. #, etc.	
City & State <b>MIAMI PINECREST</b> Zip <b>33156</b> Country		City & State <b>MIAMI PINECREST</b> Zip <b>33156</b> Country	
4. FEI Number <b>04-3695560</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAUMA, EMILIO 1951 N.W. 97TH AVENUE MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name <b>HAYMET SAUMA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9025 SW 67 AVE.</b> City <b>PINECREST</b> FL Zip Code <b>33156</b>	
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 <b>HAYMET SAUMA</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAUMA, EMILIO 9025 S.W. 67TH AVENUE MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYMET SAUMA 9025 SW 67 AVE PINECREST, FLA 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUMA, HAYMET 9025 S.W. 67TH AVENUE MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 accurate 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 trustee 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.			
SIGNATURE: <b>HAYMET SAUMA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/24/04</b> Daytime Phone # <b>305 668-5353</b>	