

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90246 024 ***150.00

DOCUMENT # P02000073012 1. Entity Name UNIVERSAL INVESTMENT GROUP, INC.																													
Principal Place of Business 1871 NE 167 STREET MIAMI, FL 33162			Mailing Address 1871 NE 167 STREET MIAMI, FL 33162																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DUUJ4767																									
City & State		City & State		4. FEI Number 37-1451089																									
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PHILIPPE, GARRY JEAN 18710 NE 19 AVE MIAMI, FL 33162				7. Name and Address of New Registered Agent Name Jean Andre Cherubin Street Address (P.O. Box Number is Not Acceptable) 1510 NE 162nd Street City North Miami Beach FL Zip Code 33162																									
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 <u><i>Jean A Cherubin</i></u> DATE <u>4/27/06</u> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>PHILIPPE, GARRY JEAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18710 NE 19 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33162</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Emmanuel Cherubin</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20290 SW 85th Ave Miami, FL 33189</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33189</td> <td></td> </tr> </table>						TITLE	NAME	☒ Delete	NAME	PHILIPPE, GARRY JEAN		STREET ADDRESS	18710 NE 19 AVE		CITY-ST-ZIP	MIAMI, FL 33162		TITLE	NAME	☒ Change ☐ Addition	NAME	Emmanuel Cherubin		STREET ADDRESS	20290 SW 85th Ave Miami, FL 33189		CITY-ST-ZIP	MIAMI, FL 33189	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Emmanuel Cherubin</i></u> DATE <u>4/27/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													