2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016311

Entity Name: UNIVERSAL PHARMACEUTICALS, INC.

FILED Jun 21, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3298 NW 13TH TERR MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

3298 NW 13TH TERR MIAMI, FL 33125

FEI Number: 45-0518103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABRAMS, DAVID S ESQUIRE CALVO, RAMIRO 9400 S DADELAND BLVD, PH-3 3298 NW 13 TERR MIAMI, FL 33156 US MIAMI, FL 33125 US

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.

SIGNATURE: RAMIRO CALVO 06/21/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 FRINS PANA, JOSE M
 Name:
 FRIAS PENA, JOSE M

 Address:
 7340 S.W. 48 ST., #101
 Address:
 7340 S.W. 48 ST., #101

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33155

Title: S () Delete Title: () Change () Addition

 Name:
 ALVAREZ, SUSANA
 Name:

 Address:
 7340 S.W. 48 ST., #101
 Address:

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 CALVO, RAMIRO
 Name:

 Address:
 7340 S.W. 48 ST., #101
 Address:

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANA ALVAREZ S 06/21/2007