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Jun 09, 2008 8:00 am
Secretary of State

05-12-2008 90114 001 ***150.00
05-12-2008 90114 002 *****8.75

66013694

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000040750

1. Entity Name
UNIVERSAL ENVIOS CORP.

Principal Place of Business	Mailing Address
402 E HALLANDALE BCH BLVD * HALLANDALE, FL 33009	402 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009

04232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
402 E Hallandale Bch Blvd.	402 E. Hallandale Beach Blvd.
Suite, Apt. #, etc. Hallandale, FL, 33009	Suite, Apt. #, etc. Hallandale, FL. 33009
City & State Hallandale FL, 33009	City & State Hallandale, FL. 33009
Zip 33009 Country U.S.A.	Zip 33009 Country USA.

4. FEI Number 51-0459503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALGUERO, BERTHA
402 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name: Salguero, Bertha
Street Address (P.O. Box Number is Not Acceptable): 402 E. Hallandale Beach Blvd.
City: Hallandale FL Zip Code 33009

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: Bertha Salguero
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE 06-03-08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS / SALGUERO, BERTHA / 402 E. HALLANDALE BEACH BLVD. / HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bertha Salguero 06-03-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #