


04/22/2004 15:15 FAX
2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 10 AM 10:19

DOCUMENT # P03000056793	
1. Entity Name UNIVERSAL EQUIPMENT & REPAIR CORP.	

Principal Place of Business 8004 NW 154 ST STE 188 MIAMI LAKES, FL 33016	Mailing Address 8004 NW 154 ST STE 188 MIAMI LAKES, FL 33016
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2. Principal Place of Business <i>Same</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



04212004 Chg-P CR2E034 (10/03)

4. FEI Number 16-1668235	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	
MORENO, ALEJANDRO 8004 NW 154 ST STE 188 MIAMI LAKES, FL 33016	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORENO, ALEJANDRO 8004 NW 154 ST STE 188 MIAMI LAKES, FL 33016 <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	V MORENO, LETICIA 8004 NW 154 ST STE 188 MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2. 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: *Leticia Moreno* 5/29/04
Signature and Typed or Printed Name of Signing Officer or Director Date

6/11/04