2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000083913

Entity Name: UNIVERSAL PERFECT, CORP.

Current Principal Place of Business:

% 407 LINCOLN RD.
STE 11-L
MIAMI BEACH, FL 33139

New Principal Place of Business:

407 LINCOLN RD.
STE 11-L
MIAMI BEACH, FL 33139

Current Mailing Address:

% 407 LINCOLN RD.
STE 11-L
MIAMI BEACH, FL 33139

New Mailing Address:

407 LINCOLN RD.
STE 11-L
MIAMI BEACH, FL 33139

FEI Number: 20-0123863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODELLA, NELSON
407 LINCOLN RD.
STE 11-L
MIAMI BEACH, FL 33139

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TSD ( ) Delete
Name: REBAGLIATI, CESAR
Address: 407 LINCOLN ROAD SUITE 11-L
City-St-Zip: MIAMI BEACH, FL 33139

Title: EX-D ( ) Delete
Name: DO AMARAL, EVALDO B
Address: 407 LINCOLN ROAD SUITE 11-L
City-St-Zip: MIAMI BEACH, FL 33139

Title: P (X) Delete
Name: AMARAL, EVALDO
Address: 11869 SW 43RD CT
City-St-Zip: DAVIE, FL 3330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: DO AMARAL, EVALDO B
Address: 11869 SW 43RD COURT
City-St-Zip: DAVIE, FL 33330

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EVALDO B. DO AMARAL P 04/30/2004

Electronic Signature of Signing Officer or Director — Date