

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083913

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: UNIVERSAL PERFECT, CORP.

## Current Principal Place of Business:

1160 KANE COUNOURSE SUITE 304  
BAY HARBOR ISLAND, FL 33154

## New Principal Place of Business:

11869 SW 43RD COURT  
DAVIE, FL 33330 US

## Current Mailing Address:

1160 KANE COUNOURSE SUITE 304  
BAY HARBOR ISLAND, FL 33154

## New Mailing Address:

11869 SW 43RD COURT  
DAVIE, FL 33330 US

FEI Number: 20-0123863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

REBAGLIATI, HUGO CESAR  
4023 N. ARMENIA AVENUE  
SUITE 400  
TAMPA, FL 33607 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: HUGO CESAR REBAGLIATI

04/25/2005

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change ( ) Addition  
Name: REBAGLIATI, HUGO CESAR  
Address: 4023 N. ARMENIA AVENUE, SUITE 400  
City-St-Zip: TAMPA, FL 33607

Title: P (X) Change ( ) Addition  
Name: REBAGLIATI, HERNAN E  
Address: 1575 WINTERBERRY LANE  
City-St-Zip: WESTON, FL 33327

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

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. AMARAL

DIR

04/25/2005

Electronic Signature of Signing Officer or Director

Date