

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90141 023 ***150.00

DOCUMENT # P03000090961 1. Entity Name UNIVERSAL SYSTEMS ASSOCIATES, CO.			
Principal Place of Business 7000 SW 22 CT. #319 DAVIE, FL 33317		Mailing Address 13531 N.W. 1 STREET PLANTATION, FL 33325	
2. Principal Place of Business 4980 SW 52 St. Suite, Apt. #, etc. #114 City & State Davie, FL Zip 33314 Country USA		3. Mailing Address 4980 SW 52 St. Suite, Apt. #, etc. #114 City & State Davie, FL Zip 33314 Country USA	
4. FEI Number 20-0165747		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMONS, EDWARD J 13531 N.W. 1 STREET PLANTATION, FL 33325		7. Name and Address of New Registered Agent Name Edward J. Simons Street Address (P.O. Box Number is Not Acceptable) 4791 SW 82 Ave. #67 City Davie FL Zip Code 33328	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SIMONS, EDWARD J STREET ADDRESS 13531 N.W. 1 STREET CITY-ST-ZIP PLANTATION, FL 33325	<input type="checkbox"/> Delete	TITLE President NAME Edward J. Simons STREET ADDRESS 4791 SW 82 Ave., #67 CITY-ST-ZIP Davie, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			