2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005642

Entity Name: UNIVERSAL AUTO GROUP CORP.

FILED Jan 15, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
540 N HW 129	/Y 434				
	NTE SPRINGS	6, FL 32714			
Current Mailing Address:			New Mailing Address:		
	VOOD CIR RY, FL 32746				
FEI Numbei	r: 20-0614854	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
469 ELMV	RIVAS, JULIO VOOD CIRCL RY, FL 32746	.E			
The above	e named entity				
in the Stat	te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
in the Stat SIGNATU	te of Florida. IRE:			d office or registered agent, or both,	
	te of Florida. IRE:	onic Signature of Registered Ag		d office or registered agent, or both, Date	
SIGNATU	te of Florida. IRE:Electro				
SIGNATU	te of Florida. IRE:Electro	onic Signature of Registered Ag	ent		
SIGNATU	te of Florida. IRE: Electro Impaign Financii IS AND DIREC	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete (AS, JULIO C DD CIRCLE	ent	Date	
SIGNATU Election Ca OFFICER Title: Name: Address:	te of Florida. IRE: Electro Impaign Financir IS AND DIRECT P (OVALLES RIV 469 ELMWOOD LAKE MARY, III VP (onic Signature of Registered Ageng Trust Fund Contribution (). CTORS:) Delete (AS, JULIO C DD CIRCLE FL 32746) Delete (ARES, JOAQUIN A DD CIRCLE	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JULIO C. OVALLES RIVAS PRES 01/15/2007