


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90046 049 \*\*\*150.00

<b>DOCUMENT # P04000018735</b> 1. Entity Name <b>UNIVERSAL KEYSTONE, INC.</b>			
Principal Place of Business <b>3100 HWY. 17 NORTH WINTER HAVEN, FL 33881</b>		Mailing Address <b>3100 HWY. 17 NORTH WINTER HAVEN, FL 33881</b>	
2. Principal Place of Business <b>2938 STATE RD 33</b> Suite, Apt. #, etc.		3. Mailing Address <b>2938 STATE RD 33</b> Suite, Apt. #, etc.	
City & State <b>CLERMONT FL</b> Zip <b>34714</b>		City & State <b>CLERMONT FL</b> Zip <b>34714</b>	
4. FEI Number <b>36-454818</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, ROLANDO 3100 HWY. 17 NORTH WINTER HAVEN, FL 33881</b>		7. Name and Address of New Registered Agent Name <b>RODRIGUEZ, ROLANDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2938 STATE RD 33</b> City <b>CLERMONT</b> <b>FL</b> Zip Code <b>34714</b>	
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 <b>X Rolando R</b> <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>RODRIGUEZ, ROLANDO 2938 STATE RD. 33 CLERMONT, FL 34711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VSD ALVAREZ, LESTER 12934 SW 252-TERR. HOMESTEAD, FL 33032</b>
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 <b>373 DICKS RD BAGSDOWN PARK FL 330827</b>
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
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 officers, directors, and persons empowered.			
SIGNATURE: <b>X Rolando R</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

**50057852**



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