2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000018848

FILED Jul 11, 2006 Secretary of State

Entity Name: UNIVERSAL INSURANCE SERVICES OF FLORIDA, INC.

	rincipal Place	of Business:	New Prince	ipal Place of Business:
	NE ISLAND RO	DAD		
SUITE 430 PLANTATI) ION, FL 33324			
Current M	lailing Addres	s:	New Maili	ng Address:
CO NEP	500 W MADIS	ON ST		
SUITE 240		314 31		
El Number	: 20-0679497	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
lame and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
200 SOU	ORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD		
	e named entity s e of Florida.	submits this statement for the	purpose of changing	ts registered office or registered agent, or bo
SIGNATUI	RE:			
	Electron	ic Signature of Registered A	gent	Date
itle:	S AND DIREC	Delete	Title:	IS/CHANGES TO OFFICERS AND DIRECT PD (X) Change () Addition
lame:	LEVINE, RONA		Name:	LEVINE, BETH
ddress:	1000 S PINE IS	LAND RD STE 430		
ity-St-Zip:	PLANTATION, F		Address: City-St-Zip:	1000 S PINE ISLAND RD, STE 430 PLANTATION, FL 33324
	PLANTATION, F			
itle: ame:	PLANTATION, F T () MCGILVRAY, J.	FL 33324 Delete AMES	City-St-Zip: Title: Name:	PLANTATION, FL 33324 TD (X) Change () Addition MCGILVRAY, JAMES
itle: lame: ddress:	PLANTATION, F T () MCGILVRAY, J.	FL 33324 Delete AMES ELAND RD, STE 430	City-St-Zip: Title:	PLANTATION, FL 33324 TD (X) Change () Addition
city-St-Zip: itle: lame: ddress: city-St-Zip: itle:	PLANTATION, F T () MCGILVRAY, J. 1000 S PINE IS PLANTATION, F	FL 33324 Delete AMES ELAND RD, STE 430 FL 33324 Delete	City-St-Zip: Title: Name: Address: City-St-Zip: Title:	PLANTATION, FL 33324 TD (X) Change () Addition MCGILVRAY, JAMES 1000 S PINE ISLAND RD, STE 430
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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: LORI M. LIESER V 07/11/2006