## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041647

**Entity Name: UNIVERSAL GENERAL CORPORATION** 

FILED Apr 28, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

14250 SOUTHWEST 152 PLACE 815 PONCE DE LEON BOULEVARD

MIAMI, FL 33196 **PENTHOUSE** 

CORAL GABLES, FL 33134

**New Mailing Address:** 

**Current Mailing Address:** 

14250 SOUTHWEST 152 PLACE POST OFFICE BOX 30242

MIAMI, FL 33196 FORT LAUDERDALE, FL 33303

FEI Number: 20-0837881 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SANCHEZ, RAMIRO ORTIZ, MICHAEL ESQ.

14250 SOÚTHWEST 152 PLACE 2121 PONCE DE LEON BOULEVARD SUITE 321

MIAMI, FL 33196

CORAL GABLES, FL 33134 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: MICHAEL ORTIZ, ESQ. 04/28/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title: ( ) Delete Title: PRFS

SANCHEZ, RAMIRO Name: Name: SPATEN, OLE R

815 PONCE DE LEON BOULEVARD, PENTHOUSE 14250 SOUTHWEST 152 PLACE Address: Address:

City-St-Zip: MIAMI, FL 33196 City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Delete Title: ( ) Change (X) Addition

TERESITA, MARTINEZ-MORAN Name: Name: 815 PONCE DE LEON BOULEVARD, PENTHOUSE Address: Address:

CORAL GABLES, FL 33134 US City-St-Zip: City-St-Zip:

Title: Title: ( ) Change (X) Addition () Delete VΡ

Name: BOTHA, JOHAN A Name:

815 PONCE DE LEON BOULEVARD, PENTHOUSE Address Address:

City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 US

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: OLE R. SPATEN **PRES** 04/28/2005