

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90061 023 \*\*\*150.00

<b>DOCUMENT # P04000061235</b> 1. Entity Name <b>UNIVERSAL PAPERS OF MIAMI CORP.</b>			
Principal Place of Business <b>714 FERNWOOD RD KEY BISCAVNE, FL 33149</b>		Mailing Address <b>714 FERNWOOD RD KEY BISCAVNE, FL 33149</b>	
2. Principal Place of Business <b>5230 NW 109 AVE</b>		3. Mailing Address <b>5230 NW 109 AVE</b>	
Suite, Apt. #, etc. <b>105</b>		Suite, Apt. #, etc. <b>105</b>	
City & State <b>Doral FL</b>		City & State <b>Doral FL</b>	
Zip <b>33178</b>		Zip <b>33178</b>	
Country 		Country 	
6. Name and Address of Current Registered Agent  <b>ARANGO, ANTONIO 714 FERNWOOD RD KEY BISCAVNE, FL 33149</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5230 NW 109 Ave # 105</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33178</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ARANGO, ANTONIO 714 FERNWOOD RD KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5230 NW 109 Ave # 105 Doral FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTANEDA, GLORIA ELENA 714 FERNWOOD RD KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5230 NW 109 Ave # 105 Doral FL 33178</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 exemptions contained 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 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02-22-06. 786-2712186 <small>Date Daytime Phone #</small>	