

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114168

Entity Name: NEPTUNE UNIVERSAL, INC.

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

2030 SOUTH OCEAN DRIVE, SUITE 814
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

2030 SOUTH OCEAN DRIVE, SUITE 814
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 20-1448279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TCHELIDZE, PAATA
2030 SOUTH OCEAN DRIVE, SUITE 814
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KOBERIDZE, KOBA
Address: 2030 SOUTH OCEAN DRIVE, SUITE 814
City-St-Zip: HALLANDALE, FL 33009

Title: DV () Delete
Name: TCHELIDZE, PAATA
Address: 2030 SOUTH OCEAN DRIVE, SUITE 814
City-St-Zip: HALLANDALE, FL 33009

Title: DVS () Delete
Name: KHECHUASHVILI, ZVIAD
Address: 2030 SOUTH OCEAN DRIVE, SUITE 814
City-St-Zip: HALLANDALE, FL 33009

Title: DVT () Delete
Name: LEJAVA, DATO
Address: 2030 SOUTH OCEAN DRIVE, SUITE 814
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KOBA KOBERIDZE

DP

03/14/2005

Electronic Signature of Signing Officer or Director

Date