## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000114168

Entity Name: NEPTUNE UNIVERSAL, INC.

**FILED** May 01, 2006 Secretary of State

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

2030 SOUTH OCEAN DRIVE, SUITE 814 500 THREE ISLANDS BLVD HALLANDALE, FL 33009

105A

HALLANDALE, FL 33009

**Current Mailing Address: New Mailing Address:** 

2030 SOUTH OCEAN DRIVE, SUITE 814 500 THREE ISLANDS BLVD HALLANDALE, FL 33009 105A

HALLANDALE, FL 33009

FEI Number: 20-1448279 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TCHELIDZE, PAATA DATO, LEJAVA DV 2030 SOUTH OCEAN DRIVE, SUITE 814 1865 S OCEAN DR

HALLANDALE, FL 33009 HALLANDALE, FL 33009 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: DATO LEJAVA 05/01/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

KOBERIDZE, KOBA Name: Name: KOBERIDZE, KOBA

500 THREE ISLANDS BLVD, SUITE 105 2030 SOUTH OCEAN DRIVE, SUITE 814 Address: Address:

City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009

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

Name: TCHELIDZE, PAATA Name: 2030 SOUTH OCEAN DRIVE, SUITE 814 Address: Address: HALLANDALE, FL 33009 City-St-Zip: City-St-Zip:

Title: Title: DVS ( ) Delete () Change () Addition Name: Name:

KHECHUASHVILI, ZVIAD 2030 SOUTH OCEAN DRIVE, SUITE 814 Address Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip:

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

LEJAVA, DATO LEJAVA, DATO Name: Name:

2030 SOUTH OCEAN DRIVE, SUITE 814 Address: Address: 1865 S OCEAN DR APT 5G City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009

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: KOBA KOBERIDZE DP 05/01/2006