

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000136023		
1. Entity Name UNIVERSAL REALTY SERVICES, INC.		

Principal Place of Business 2665 S BAYSHORE DR STE 1210 MIAMI FL 33133	Mailing Address 2665 S BAYSHORE DR STE 1210 MIAMI FL 33133
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc	Suite, Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 81-0659967	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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EIDELSTEIN, GARY P 2665 S BAYSHORE DR STE 1210 MIAMI FL 33133	
Name	
Street Address (P O Box Number is Not Acceptable)	
City	
FL Zip Code	

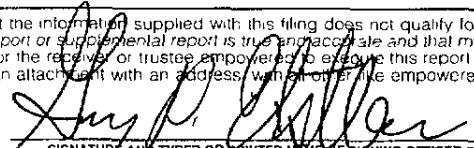
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(Note: Registered Agent's signature required when reappointing)	CAT# _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EIDELSTEIN, GARY P 2 GROVE ISLE DR APT 1602 COCONUT GROVE FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GINTER, WAYNE 12249 TROPICAL WAY PINECREST FL 33156	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without the empowered

SIGNATURE: 	Date 4/20/06	Daytime Phone # _____
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