2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 SEP 12 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000150587

1. Entity Name
UNIVERSAL ROOTS, CORP.

08182006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
19475 S.W. 190 ST. MIAMI, FL 33187	9010 SW 137TH AVE SUITE 113 MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
	19475 SW 190 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI FL
Zip / Country	Zip: 33187 Country: MIAMI DADE

4. FEI Number: 33-1104849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERMAN PENA, P.A.
9010 SW 137 AVE., STE. #113
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: ARRASTRIA ROBERTO
Street Address (P.O. Box Number is Not Acceptable): 19475 SW 190 ST
City: MIAMI FL Zip Code: 33187

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 ______ 8-16-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARRASTRIA, ROBERTO 19475 S.W. 190 ST. MIAMI, FL 33187	☐ Delete	☐ Change ☐ Addition 400079773964 09/13/06--01034--017 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARCIA, FABIANA 19475 S.W. 190 ST. MIAMI, FL 33187	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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.

SIGNATURE: ______ 8-16-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 9/13