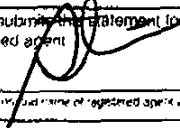
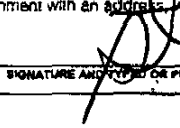


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 12 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000150587			
1. Entity Name UNIVERSAL ROOTS, CORP.			
Principal Place of Business 19475 S.W. 190 ST. MIAMI, FL 33187		Mailing Address 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	Country
33187		MIAMI DAVE	
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 		DATE 8-16-06	
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	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ 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	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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: 		Date 8-16-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

209/13