



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P05000082058</b><br>1. Entity Name<br>UNIVERSITY EQUITIES CORP.  |  |                                    |
| Principal Place of Business<br>% M. GOLDSTEIN<br>98 CUTTERMILL ROAD SUITE 364<br>GREAT NECK, NY 11021  | Mailing Address<br>% M. GOLDSTEIN<br>98 CUTTERMILL ROAD SUITE 364<br>GREAT NECK, NY 11021  |   |
| <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>   |  |   |
| <div style="text-align: right;"> <br/>         01042007 No Chg-P CR2E034 (11/05)       </div>   |  |   |
| 4. FEI Number<br>81-0673319  |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required   |
| 6. Name and Address of Current Registered Agent  |  |   |
| BIRNBACH, RANDY T<br>4145 GEORGES WAY<br>BOCA RATON, FL 33434  |  | <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reprinting) DATE _____</small>   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GOLDSTEIN, MARTIN A<br>98 CUTTERMILL ROAD, SUITE 364<br>GREAT NECK, NY 11021  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="margin-bottom: 10px;">           U00000593338<br/>           01/22/07-80027-015 150.00         </div> <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2> |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| 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 authority like empowered. |  |   |
| SIGNATURE: <u>Martin Goldstein</u> <u>M. Goldstein</u>   |  | Date <u>1/15/07</u> Daytime Phone # <u>(516) 487-0110</u>   |