


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000131165 1. Entity Name UNIVERSAL REAL ESTATE DIVISION, INC.	
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FILED
Jun 26, 2008 08:00 AM
Secretary of State

Principal Place of Business 2655 LEJUNE ROAD PH2-E CORAL GABLES, FL 33134	Mailing Address 2655 LEJUNE ROAD PH2-E CORAL GABLES, FL 33134
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06102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5723090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAMOS, JUAN L
 2655 LEJUNE ROAD
 PH2-E
 CORAL GABLES, FL 33134

DO NOT WRITE
IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

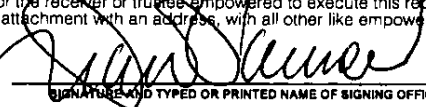
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RAMOS, JUAN L 2655 LEJUNE ROAD PH2-E CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, FRANK A 3473 SW 8TH ST MIAMI, FL 33135
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000953368
06/26/08-80001-013 150.00

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:  6/08/08 (30) 605-6668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #