

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90067 033 ***150.00

DOCUMENT # P06000139023	
1. Entity Name UNIVERSAL MAGAZINE & PRINTING, INC.	

Principal Place of Business 2451 CENTERGATE DRIVE #106 MIRAMAR, FL 33025 US	Mailing Address 2451 CENTERGATE DRIVE #106 MIRAMAR, FL 33025 US
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2. Principal Place of Business - No P.O. Box # 1470 Laguna Lane	3. Mailing Address Suite, Apt. #, etc.
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City & State Pembroke Pines, FL	City & State
Zip 33026	Country



02262008 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENAVIDES, DIANA 2451 CENTERGATE DRIVE #106 MIRAMAR, FL 33025	
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7. Name and Address of New Registered Agent Name Benavides Diana Street Address (P.O. Box Number is Not Acceptable) 1470 Laguna Ln. City Pembroke Pines FL FL Zip Code 33026	
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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: Diana Benavides DATE: 04-18-2008	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BENAVIDES, DIANA 2451 CENTERGATE DRIVE #106 MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIANA BENAVIDES 1470 Laguna Ln. Pembroke Pines FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Diana Benavides SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 04-18-2008 Date Daytime Phone #