


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000048922	
1. Entity Name UNIVERSAL INTERNATIONAL INC.	

Principal Place of Business 10422 NW 7TH AVE MIAMI, FL 33150 US	Mailing Address 10422 NW 7TH AVE MIAMI, FL 33150 US
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0521301	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 KHALANI, ASHIDALI M 1786 NW 165 AVE PEMBROKE PINES, FL 33028
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000155676 05/05/04-80046-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BHATTI, MOHAMMAD 11649 SW 59 COURT PEMBROKE PINES, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARBTANI, SHOUKAT 5237 NW 105 COURT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KHALANI, ASHIQALI 1786 NW 165 AVENUE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIRANI, ALKARIM A 15419 NW 14 STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERBTANI, ANWER ALI 1293 NW 163 TERRACE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	TITLE DIRECTOR	NAME ASHIDALI KHALANI	4-25-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>