


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000080438</b> 1. Entity Name UNIVERSE INSURANCE AGENCY, INC.	
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Principal Place of Business 1563 NW 27 AVE MIAMI, FL 33125	Mailing Address 1563 NW 27 AVE MIAMI, FL 33125
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0548076	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GARCIA, KARLA 14011 S.W. 56TH LANE MIAMI, FL 33183	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GARCIA, KARLA 15722 SW 138 PL MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S GARCIA, RITA 15722 SW 138 PL MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GARCIA, JUAN R 15722 SW 138 PL MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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01/12/05-80027-023 150.00

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