2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 25, 2005 08:00 AM **DOCUMENT # P95000004162 Secretary of State** UNIVERSAL REALTY CORP. Mailing Address Principal Place of Business 18335 COLLINS AVE 18335 COLLINS AVE SUNNY ISLES BEACH, FL 33160 US SUNNY ISLES BEACH, FL 33160 No Chg-P CR2E034 (10/03) 03212005 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0550992 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FAUSTO, GOMEZ DO NOT WRITE 18335 COLLINS AVE C-1 IN THIS SPACE MIAMI, FL 33160 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 famillar with, and accept the obligations of registered agent SIGNATURE. अ printed name or registeres/, बंधुबार and role है applicable. (NOTE: Remetered Agent signature required when remetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000276280 Trust Fund Contribution. Added to Fees na/25/05-80032-009 150.00 10. OFFICERS AND DIRECTORS THLE GOMEZ, FAUSTO NAME STREET ADDRESS 18335 COLLINS AVE STE C-1 SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP IN THIS SPACE DITTE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP hilt NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 lit e annowered

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #