

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014086

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: UNIVERSE GROUP, CORP.

## Current Principal Place of Business:

5215 NW 77TH CT  
POMPANO BEACH, FL 33073 US

## New Principal Place of Business:

3025 N FEDERAL HWY  
DELRAY BEACH, FL 33483 US

## Current Mailing Address:

5215 NW 77 CT.  
POMPANO BEACH, FL 33073 US

## New Mailing Address:

3025 N FEDERAL HWY  
DELRAY BEACH, FL 33486 US

FEI Number: 59-3361667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOUSA, LILIANE  
5215 NW 77 CT  
POMPANO BEACH, FL 33073 US

## Name and Address of New Registered Agent:

SOUSA, LILIANE  
3025 N FEDERAL HWY  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: SILVA, HEROS  
Address: 5215 NW 77TH CT  
City-St-Zip: POMPANO BEACH, FL 33073

Title: PD ( ) Delete  
Name: SOUSA, LILIANE  
Address: 5215 NW 77TH CT  
City-St-Zip: POMPANO BEACH, FL 33073

Title: TSD ( ) Delete  
Name: SOUSA, RONALDO  
Address: 5215 NW 77TH CT  
City-St-Zip: POMPANO BEACH, FL 33073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: SILVA, HEROS  
Address: 3025 N FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD (X) Change ( ) Addition  
Name: SOUSA, LILIANE  
Address: 3025 N FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TSD (X) Change ( ) Addition  
Name: SOUSA, RONALDO  
Address: 3025 N FEDERAL HWY  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIANE SOUSA

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date