


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000014086
 1. Entity Name
 UNIVERSE GROUP, CORP.



Principal Place of Business
 3025 N FEDERAL HWY
 DELRAY BEACH, FL 33483 US

Mailing Address
 3025 N FEDERAL HWY
 DELRAY BEACH, FL 33486 US

DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3361687

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

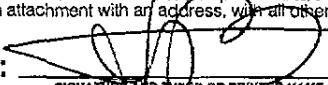
10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SILVA, HEROS
STREET ADDRESS	3025 N FEDERAL HWY
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	PD
NAME	SOUSA, LILIANE
STREET ADDRESS	3025 N FEDERAL HWY
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	TSD
NAME	SOUSA, RONALDO
STREET ADDRESS	3025 N FEDERAL HWY
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000561158
 05/18/06-80018-026 150.00

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:  DATE: 4/28/06 DAYTIME PHONE # (561) 7350007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR