2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000017560

1. Entity Name
UNIVERSAL AMUSEMENT CORPORATION

Principal Place of Business	Mailing Address
8315 N.W. 52ND PL. CORAL SPRINGS, FL 33067	8315 N.W. 52ND PL. CORAL SPRINGS, FL 33067

03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0658208

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, MELVIN
8315 N.W. 52ND PL.
CORAL SPRINGS, FL 33067

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6. 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 title 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

000000470861
03/28/06-80031-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, MELVIN
STREET ADDRESS	8315 NW 52 PL
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	TS
NAME	WALECK, LISA
STREET ADDRESS	8315 NW 52 PL
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	VP
NAME	PEREZ, HIRAM
STREET ADDRESS	13301 N.W. 8TH COURT
CITY-ST-ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-15-06 (954) 346-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #