

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90048 002 ***150.00

DOCUMENT # P96000052006 1. Entity Name UNIVERSAL TRADING CORPORATION EXPORT & IMPORT					
Principal Place of Business 5600 COLLINS AVE STE 4V MIAMI BEACH, FL 33140			Mailing Address 5600 COLLINS AVE STE 4V MIAMI BEACH, FL 33140		
2. Principal Place of Business - No P.O. Box # 3514 N.W. 14th COURT Suite, Apt. #, etc. LAUDERHILL, FL City & State			3. Mailing Address 3514 N.W. 14th COURT Suite, Apt. #, etc. LAUDERHILL, FL City & State		
Zip 33311 Country USA		Zip 33311 Country USA		4. FEI Number 65-0673425 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01142008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LEMO, JOSE A. 5600 COLLINS AVENUE APT 4V MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3514 N.W. 14th COURT City LAUDERHILL FL Zip Code 33311	
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  JOSE ANTONIO LEMOS - PRESIDENT JAN 19, 2008 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMO, JOSE A. 5600 COLLINS AVE STE 4V MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSE ANTONIO LEMOS 3514 N.W. 14th COURT LAUDERHILL, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			JOSE ANTONIO LEMOS - PRES. JAN/19/08 305 439 6088 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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