2008 FOR PROFIT CORPORATION

FILED Apr 29, 2008 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P96000088797** UNIVERSITY BOULEVARD DEVELOPMENT, INC. Principal Place of Business Mailing Address 21 PALM AVENUE 21 PALM AVENUE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 04252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0742756 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL, FREDERICK B DO NOT WRITE 21 PALM AVENUE MIAMI BEACH, FL 33139 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SPIEGEL, FREDERICK B STREET ADDRESS 21 PALM AVENUE MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE U00000932028 NAME 05/22/08-80039-007 150.00 STREET ADDRESS CITY-ST-7IP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

> SIGNATURE AND TYPED OF PRINTED HAME UF M DNING OFFICER OR DIRECTOR