### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P98000027998

1. Entity Name SPH UNIVERSAL, INC.



FILED Jan 25, 2007 08:00 AM Secretary of State

Principal Place of Business

2670 N UNVERSITY DRIVE

STE 206

SUNRISE, FL 33322

Mailing Address

2670 N UNVERSITY DRIVE

STE 206

SUNRISE, FL 33322



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01222007 No Chg-P

CR2E034 (11/05)

FEI Number
 65-0822729

Not Applicable
\$8.75 Additional

Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BLANK, KEITH 13334 NW 11TH STREET SUNRISE, FL 33323

TRUS

RODRIGUEZ, CINTYA E

2670 N. UNIVERSITY DR. STE. 206

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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	named entity submits this statement for the plions of registered agent.	ourpose of changing its reg	istered office or r	egistered agent, or bot	n, in the State of Florida. I am familiar with, a	and accept
SIGNATURE.						
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		000000602203 01/26/07-80080-011 19	50.00	
10. OFFICERS AND DIRECTORS						<del>14.1 * 44.1</del>
TITLE	PSTD					
NAME	RODRIGUEZ, HECTOR L					
STREET ADDRESS	2670 N UNVERSITY DR, STE 206					
CiTY-ST-ZIP	SUNRISE, FL 33322		1			

# CITY-SI-ZIP SUNRISE, FL 33322 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 (931)578-1000