
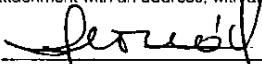


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90008 002 ***158.75

DOCUMENT # P98000100257			
1. Entity Name UNIVERSIDAD METAFISICA DE LA FLORIDA INC.			
Principal Place of Business 3375 N. COUNTRY CLUB DR. SUITE #702 AVENTURA, FL 33180 US		Mailing Address 3375 N. COUNTRY CLUB DR. SUITE #702 AVENTURA, FL 33180 US	
2. Principal Place of Business 19001 NE 14TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 19001 NE 14TH Suite, Apt. #, etc.	
STE # 104 City & State NORTH MIAMI		STE # 104 City & State NORTH MIAMI	
Zip 33179	Country	Zip 33179	Country
4. FEI Number 65-0884122		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05162005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FERNANDEZ, CELINA C 3375 N. COUNRTY CLUB DR. SUITE 702 AVENTURA, FL 31180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19001 NE 14TH AVENUE STE #104 City NORTH MIAMI FL Zip Code 33179	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	D FERNANDEZ, CELINA C 19001 NE 14 AVE., APT. 104 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemption stated in Section 119.07(3)(i), 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 a other like empowered.			
SIGNATURE: 		Date: 05-18-05 (30i) 510-4405	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	