


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000016955
 1. Entity Name
 UNIVERSAL TURBINE CENTER, INC.



Principal Place of Business 1260 N.W. 57 AVE MIAMI, FL 33126 US	Mailing Address 1260 N.W. 57 AVE MIAMI, FL 33126 US
---	---

DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0898822	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CLEMENS, GRACE
 9978 NW 29TH STREET
 MIAMI, FL 33172

DO NOT WRITE 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUILERA, NOEL 3501 ANCHORAGE WAY COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AGUILERA, ELIZABETH 3501 ANCHORAGE WAY COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000147310
 05/03/04-20101-008 150.00

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: Noel Aguilera 4/13/04 305-267-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #