

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023080

FILED  
Mar 09, 2006  
Secretary of State

Entity Name: UNIVERSAL ASSISTANCE, INC.

## Current Principal Place of Business:

155 SOUTH MIAMI AVENUE  
PH2C  
MIAMI, FL 33130 US

## New Principal Place of Business:

## Current Mailing Address:

155 SOUTH MIAMI AVENUE  
PH2C  
MIAMI, FL 33130 US

## New Mailing Address:

FEI Number: 65-0917511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTELLON, CARLOS M CPA,CVA  
999 PONCE DE LEON BLVD.  
SUITE 715  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ARAGON REGISTERED AGENTS, INC.  
999 PONCE DE LEON BLVD.  
SUITE 715  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ARAGON REGISTERED AGENTS

03/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CIVILE, OSCAR  
Address: 155 SOUTH MIAMI AVENUE PH2C  
City-St-Zip: MIAMI, FL 33130

Title: VD ( ) Delete  
Name: CALVANI, OSVALDO  
Address: 155 SOUTH MIAMI AVE PH2-C  
City-St-Zip: MIAMI, FL 33130

Title: STD ( ) Delete  
Name: AMENGUAL, MARTIN  
Address: 155 SOUTH MIAMI AVENUE PH2-C  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: CIVILE, CARLOS ALBERTO  
Address: 155 SOUTH MIAMI AVENUE PH2-C  
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR CIVILE

P

03/09/2006

Electronic Signature of Signing Officer or Director

Date