

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

|                                                       |  |                                                                                    |
|-------------------------------------------------------|--|------------------------------------------------------------------------------------|
| <b>DOCUMENT # P99000036351</b>                        |  |  |
| 1. Entity Name<br><b>UNIVERSAL HOUSING N.V., INC.</b> |  |                                                                                    |

|                                                                                                  |                                                                                      |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>717 PONCE DE LEON BLVD. STE. 234<br/>CORAL GABLES FL 33134</b> | Mailing Address<br><b>717 PONCE DE LEON BLVD. STE. 234<br/>CORAL GABLES FL 33134</b> |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                                           |                                                     |
|-----------------------------------------------------------|-----------------------------------------------------|
| 1st MOORE                                                 | CR2E034 (10/05)                                     |
| 4. FEI Number<br><b>52-1362113</b>                        | Applied For<br><input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required               |

|                                                                             |  |                                                                                          |  |
|-----------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                             |  | 7. Name and Address of New Registered Agent                                              |  |
| FABRE, FRANK R<br>717 PONCE DE LEON BLVD. STE. 234<br>CORAL GABLES FL 33134 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |

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 |
|-----------|------|

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|                                                  |                                                                                                                    |                                                       |                                                                                                        |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                       |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br>HENRIQUEZ, MARIO<br>777 BRICKELL AVENUE, #1390<br>MIAMI FL 33131 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | U00000506968<br>04/27/06-80044-021 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | S<br>FABRE, FRANK R S<br>717 PONCE DE LEON BLVD. STE. 234<br>CORAL GABLES FL 33134 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                           |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:                                                                           | DATE                       |
|  | <b>4/6/06 305 446 3566</b> |