

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90041 013 \*\*\*150.00

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03102007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P99000036351</b> 1. Entity Name <b>UNIVERSAL HOUSING N.V., INC.</b>					
Principal Place of Business <b>717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES, FL 33134</b>			Mailing Address <b>717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # <b>777 Brickell Avenue</b> Suite, Apt. #, etc. <b>Suite 1390</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Miami, Florida</b>		City & State		4. FEI Number <b>52-1362113</b>	
Zip <b>33131</b>	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FABRE, FRANK R 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>Fabre, Frank R. S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2310 Country Club Prado</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>	
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 <b>3/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HENRIQUEZ, MARIO 777 BRICKELL AVENUE, #1390 MIAMI, FL 33131</b> <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	<b>S FABRE, FRANK R S 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FABRE, FRANK R. S. 2310 Country Club Prado Coral Gables, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Secretary Date <b>3/12/07</b> Daytime Phone # <b>305-264-1021</b>		