

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S31894
 1. Entity Name
UNIVERSITY BOOKS & VIDEOS, INC.



Principal Place of Business Mailing Address
11980 SW 8 ST **1157 SWEETWATER RD**
MIAMI, FL 33184 **SPRING VALLEY, CA 91977**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0243496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
LOPEZ, JOSEPH F
250 BIRD ROAD, SUITE 302
CORAL GABLES, FL 33146

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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 \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000550877
05/13/06-80077-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WIENER, STEVEN
STREET ADDRESS	11980 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	ANDRUS, W.H.
STREET ADDRESS	250 BIRD RD #302
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Steve Wiener **Steve Wiener** 4-26-06 ⁽⁶¹⁹⁾ 425-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #