


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # V15785

1. Entity Name
 UNIVERSAL INVESTORS GROUP, INC.



Principal Place of Business 1221 BRICKELL AVE. #1800 MIAMI, FL 33131	Mailing Address 999 PONCE DE LEON BLVD. #625 CORAL GABLES, FL 33134
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01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0435884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARAH, CARLOS M. CPA
 999 PONCE DE LEON BLVD.
 SUITE 625
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PT MAC-CROHON, RAMON 1221 BRICKELL AVE., STE. 1800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP CRISTINA, RON 1221 BRICKELL AVE., STE. 1800 MIAMI, FL 33131
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 02/02/04-80009-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CRISTINA RON **CRISTINA RON, VP** 1/27/04 (305)2998650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #