


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90398 032 ****70.00

DOCUMENT # N04000000167

1. Entity Name
UNIVERSIDAD FLET, INC.



Principal Place of Business Mailing Address


14540 SW 136 ST STE 202 **14540 SW 136 ST STE 202**
MIAMI FL 33186 **MIAMI FL 33186**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For

NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, MERCEDES
14540 SW 136 ST STE 202
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BEATTY, DR ROBERT	
STREET ADDRESS	10500 NW 21 CT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWLKES, RANKIN	
STREET ADDRESS	6623 CONIFER COVE	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTLEY, BARBARA	
STREET ADDRESS	18101 SW 83 CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINN, JOSEPH	
STREET ADDRESS	20026 SHADOW CREEK CIR	
CITY-ST-ZIP	CASTRO VALLEY CA 94552	
TITLE	D	<input type="checkbox"/> Delete
NAME	OGLIVIE, OSCAR	
STREET ADDRESS	3069 PASEO GRANADA	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, JOHN	
STREET ADDRESS	3540 MANSIONS PKWY	
CITY-ST-ZIP	DULUTH GA 30096	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALDWIN, DR. JULIA	
STREET ADDRESS	13780 NW 19 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Loony McCullough* Pres. 4-20-04 305/378-8700

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