

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023080

FILED
Feb 04, 2005
Secretary of State

Entity Name: UNIVERSAL ASSISTANCE, INC.

Current Principal Place of Business:

155 SOUTH MIAMI AVENUE
PH2C
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

155 SOUTH MIAMI AVENUE
PH2C
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 65-0917511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOUZA, ELEUSIS
155 SOUTH MIAMI PH2C
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ORTIZ, MICHEL
Address: 155 SOUTH MIAMI AVENUE PH2C
City-St-Zip: MIAMI, FL 33130

Title: T () Delete
Name: CHOUZA, ELEUSIS
Address: 155 SOUTH MIAMI AVE PH2-C
City-St-Zip: MIAMI, FL 33130

Title: P () Delete
Name: CHAPUR, ALBERTO CAMEL
Address: 155 SOUTH MIAMI AVENUE PH2-C
City-St-Zip: MIAMI, FL 33130

Title: V () Delete
Name: ZUCCHINI, JUAN PABLO
Address: 115 SOUTH MIAMI AVE PH2-C
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CHOUZA, ELEUSIS
Address: 155 SOUTH MIAMI AVENUE PH2C
City-St-Zip: MIAMI, FL 33130

Title: TD (X) Change () Addition
Name: STANISLAVSKY, ALEJANDRO
Address: 155 SOUTH MIAMI AVE PH2-C
City-St-Zip: MIAMI, FL 33130

Title: PD (X) Change () Addition
Name: AMENGUAL, ANTONIO M
Address: 155 SOUTH MIAMI AVENUE PH2-C
City-St-Zip: MIAMI, FL 33130

Title: VD (X) Change () Addition
Name: CIVILE, OSCAR L
Address: 115 SOUTH MIAMI AVE PH2-C
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEUSIS CHOUZA

S

02/04/2005

Electronic Signature of Signing Officer or Director

_____ Date