

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023080

FILED
Mar 14, 2008
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:

12550 BISCAYNE BOULEVARD
SUITE 213
NORTH MIAMI, FL 33181 US

Current Mailing Address:

155 SOUTH MIAMI AVENUE
PH2C
MIAMI, FL 33130 US

New Mailing Address:

12550 BISCAYNE BOULEVARD
SUITE 213
NORTH MIAMI, FL 33181 US

FEI Number: 65-0917511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAGON REGISTERED AGENTS, INC.
255 ALHAMBRA CIRCLE
500
CORAL GABLES, FL 33134 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: PD () Delete
Name: CIVILE, OSCAR
Address: 155 SOUTH MIAMI AVENUE PH2C
City-St-Zip: MIAMI, FL 33130

Title: VD () Delete
Name: CALVANI, OSVALDO
Address: 155 SOUTH MIAMI AVE PH2-C
City-St-Zip: MIAMI, FL 33130

Title: STD () Delete
Name: CIVILE, CARLOS ALBERTO
Address: 155 SOUTH MIAMI AVENUE PH2-C
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CIVILE, OSCAR
Address: 12550 BISCAYNE BOULEVARD SUITE 213
City-St-Zip: NORTH MIAMI, FL 33181

Title: VD (X) Change () Addition
Name: CALVANI, OSVALDO
Address: 12550 BISCAYNE BOULEVARD SUITE213
City-St-Zip: NORTH MIAMI, FL 33181

Title: STD (X) Change () Addition
Name: CIVILE, CARLOS ALBERTO
Address: 12550 BISCAYNE BOULEVARD SUITE 213
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OSCAR CIVILE

PD

03/14/2008

Electronic Signature of Signing Officer or Director

Date