

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 12, 2010  
Secretary of State**

DOCUMENT# P99000023080

Entity Name: UNIVERSAL ASSISTANCE, INC.

**Current Principal Place of Business:**

12550 BISCAYNE BOULEVARD  
SUITE 213  
NORTH MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

12550 BISCAYNE BOULEVARD  
SUITE 213  
NORTH MIAMI, FL 33181 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:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CIVILE, OSCAR LUIS  
Address: 12550 BISCAYNE BOULEVARD SUITE 213  
City-St-Zip: NORTH MIAMI, FL 33181

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

Title: SD  
Name: CIVILE, CARLOS ALBERTO  
Address: 12550 BISCAYNE BOULEVARD SUITE 213  
City-St-Zip: NORTH MIAMI, FL 33181

Title: T  
Name: DEL RIO, CARLOS  
Address: 12550 BISCAYNE BOULEVARD SUITE 213  
City-St-Zip: NORTH MIAMI, FL 33181

I hereby 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 all other like empowered.

SIGNATURE: OSCAR LUIS CIVILE

PD

10/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date