

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023080

FILED
Feb 27, 2012
Secretary of State

Entity Name: UNIVERSAL ASSISTANCE, INC.

Current Principal Place of Business:

1200 BRICKELL AVENUE
2ND FLOOR
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVENUE
2ND FLOOR
MIAMI, FL 33131 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:

DEL RIO, CARLOS
1200 BRICKELL AVENUE
2ND FLOOR
MIAMI, FL 33131 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

02/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date