2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005603

Entity Name: UNIDAD OF MIAMI BEACH, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1701 NORMANDY DRIVE MIAMI BEACH, FL 33141

Current Mailing Address: New Mailing Address:

1701 NORMANDY DRIVE MIAMI BEACH, FL 33141

FEI Number: 65-0584874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, VICTOR M JR DIAZ, VICTOR M JR. 25 W. FLAGLER ST. SUITE 800

25 W. FLAGLER ST. SUITE 800 MIAMI, FL 331301780 US MIAMI, FL 33130

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: 03/25/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

DIAZ, VICTOR M JR. SABOYA, MARIA Name: Name: 25 FLAGLER ST., STE. 800 Address: 1329 71 STREET Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD (X) Delete Title: () Change () Addition

Name: SABOYA, MARIA Name: Address: 1015 N. AMERICA WAY, 2ND FLOOR Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip:

Title: () Delete Title: () Change () Addition

RODRIGUEZ, JORGE Name: Name: Address: 4755 ALTON ROAD Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

MANNY, FERNANDEZ Name: Name: Address: 4090 SW 2ND AVENUE Address: City-St-Zip: MIAMI BEACH, FL 33145 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA SABOYA PD 03/25/2009