

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000005328

Entity Name: UNILATINA CORP.

FILED  
Apr 27, 2004  
Secretary of State

## Current Principal Place of Business:

3452 S UNIVERSITY DRIVE  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

3452 S UNIVERSITY DRIVE  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: 65-0973570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BAUTISTA, LYDIA B  
3452 S UNIVERSITY DRIVE  
DAVIE, FL 33328 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: BAUTISTA, LYDIA B  
Address: 3452 S UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: SD ( ) Delete  
Name: MOYANO, ANGELICA  
Address: 3452 S UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: TD ( ) Delete  
Name: MOYANO, MARCELA  
Address: 3452 S UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: MOYANO, LINA MARIE  
Address: 3452 S UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: MOYANO, LILIANA  
Address: 3452 S UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LYDIA BAUTISTA

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date