

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006543

FILED
Apr 14, 2009
Secretary of State

Entity Name: COLUSANA, INC.

Current Principal Place of Business:

6039 COLLINS AVE.
APT #1124
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

6039 COLLINS AVE.
APT #1124
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 83-0368358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, ALVARO H
10640 SW 96 ST
MIAMI, FL 33176 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: P () Delete
Name: ORTIZ, ALVARO H
Address: 6039 COLLINS AVE # 1124
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP () Delete
Name: ESLAVA, ORLANDO
Address: 17900 N BAY RD, # 303
City-St-Zip: SUNNY ISLES, FL 33180 US

Title: VP () Delete
Name: UMANA, ENRIQUE
Address: 10640 SW 96 ST
City-St-Zip: MIAMI, FL 33176 US

Title: VP () Delete
Name: MADRINAN, ENRIQUE
Address: 14879 SW 42 ST
City-St-Zip: MIRAMAR, FL 33027 US

Title: S () Delete
Name: UMANA, CLARA
Address: 10640 S.W. 96TH STREET
City-St-Zip: MIAMI, FL 33176 US

Title: T () Delete
Name: ORTIZ, MYRIAM
Address: 6039 COLLINS AVE. # 1124
City-St-Zip: MIAMI BEACH, FL 33140 US

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:

Title: () Change () Addition
Name:
Address:
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: ALVARO H. ORTIZ

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date