2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004858

Entity Name: UNAD OF COLOMBIA, INC.

FILED Aug 31, 2004 Secretary of State

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

3050 BISCAYNE BLVD SUITE 201 MIAMI, FL 33137

Current Mailing Address: New Mailing Address:

3050 BISCAYNE BLVD SUITE 201 MIAMI, FL 33137

FEI Number: 65-1059288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MERKIN, STEWART A ESQ 444 BRICKELL AVE. S#300, RIVERGATE PLAZA MIAMI, FL 33131 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRMD () Delete Title: P (X) Change () Addition Name: PINZON, MAGDALENA Name: LEAL, JAIME

 Address:
 230 LAKEVIEW DR. #109
 Address:
 367 IVY LANE

 City-St-Zip:
 FORT LAUDERDALE, FL 33326
 City-St-Zip: WESTON, FL 33326

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 MAGDALENA, PINZON
 Name:
 MORALES, VIVIANA

 Address:
 367 IVY LANE
 Address:
 135 GABLES BLVD

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 WESTON, FL 33326

Title: D () Delete Title: S (X) Change () Addition

 Name:
 DIAZ-MASVIDAL, ADRIANA
 Name:
 BRAND, NUBIA

 Address:
 3050 BISCAYNE BLVD
 Address:
 1770 NORTH EAST 191 ST. APT. C1

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179

City-St-Zip: MIAMI, FL 33137 City-St-Zip: NORTH MIAMI BEACH, FL 33179

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

 Title:
 P
 (X) Delete
 Title:

 Name:
 GONGORA, BETTY P
 Name:

 Address:
 3050 BISCAYNE BLVD
 Address:

 City-St-Zip:
 MIAMI, FL 33137
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME LEAL P 08/31/2004