2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004858

Entity Name: UNAD OF COLOMBIA, INC.

FILED Mar 28, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
3050 BISCAYNE BLVD SUITE 201 MIAMI, FL 33137				2900 GLADES CIRCLE SUITE 750 WESTON, FL 33327				
Current Mailing Address:				New Mailing Address:				
3050 BISCAYNE BLVD SUITE 201 MIAMI, FL 33137				2900 GLADES CIRCLE SUITE 750 WESTON, FL 33327				
FEI Number:	65-1059288	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certifica	ate of Status De	sired (X)
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Reg	jistered Agen	it:
		SQ 00, RIVERGATE PLAZA						
The above in the State		ubmits this statement for the pur	pose of	changing its	s registered o	office or r	egistered age	nt, or both,
SIGNATUR	!E:							
Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P () LEAL, JAIME 367 IVY LANE WESTON, FL 33	Delete 3326		Title: Name: Address: City-St-Zip:	P (X LEAL, JAIME 2900 GLADES WESTON, FL	CIRCLE	() Addition	
Title: Name: Address: City-St-Zip:	VP () MORALES, VIVIA 135 GABLES BL WESTON, FL 33	VD		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	BRAND, NUBIA 1770 NORTH EA	Delete ST 191 ST. APT. C1 EACH, FL 33179		Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP (SERPA, HORA 2900 GLADES WESTON, FL	CIO	(X) Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D (LONDOÑO, NO 10421 OLD CU MIAMI, FL 331	HRA E JTLER RD	(X) Addition APT. 103	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DIR (PINZON, MAGI 2647 CENTER WESTON, FL	DALENA S COURT D		

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: MAGDALENA PINZON DIR 03/28/2005