2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# N00000004858

Entity Name: UNAD OF COLOMBIA, INC.

Current Principal Place of Business:

2900 GLADES CIRCLE
SUITE 750
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2900 GLADES CIRCLE
SUITE 750
WESTON, FL 33327

New Mailing Address:

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

Name and Address of Current Registered Agent:

MERKIN, STEWART A ESQ
444 BRICKELL AVE. S#300, RIVERGATE PLAZA
MIAMI, FL 33131 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:	LEAL, JAIME	
Address:	2900 GLADES CIRCLE	
City-St-Zip:	WESTON, FL 33327	
Title:	VP	( ) Delete
Name:	MORALES, VIVIANA	
Address:	135 GABLES BLVD	
City-St-Zip:	WESTON, FL 33326	
Title:	S	( ) Delete
Name:	BRAND, NUBIA	
Address:	1770 NORTH EAST 191 ST. APT. C1	
City-St-Zip:	NORTH MIAMI BEACH, FL 33179	
Title:	VP	( ) Delete
Name:	SERPA, HORACIO	
Address:	2900 GLADES CIRCLE	
City-St-Zip:	WESTON, FL 33327	
Title:	D	( ) Delete
Name:	LONDOÑO, NOHRA E	
Address:	10421 OLD CUTLER RD APT. 103	
City-St-Zip:	MIAMI, FL 33190	
Title:	DIR	( ) Delete
Name:	PINZON, MAGDALENA S	
Address:	2647 CENTER COURT DR	
City-St-Zip:	WESTON, FL 33332	

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 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: JAIME LEAL P 02/27/2006

Electronic Signature of Signing Officer or Director — Date