2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008854

FILED Mar 14, 2007 Secretary of State

Entity Name: GUATEMALAN UNITY INFORMATION AGENCY INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
646 N.W IIAMI, FL	. 21 TERRACE 33142	
urrent N	lailing Address:	New Mailing Address:
646 N.W IIAMI, FL	. 21 TERRACE 33142	
El Number	: 95-4654517 FEI Number Appl	lied For () FEI Number Not Applicable () Certificate of Status Desired ()
lame and	Address of Current Register	ed Agent: Name and Address of New Registered Agent:
ONZALE 18 N.W. IIAMI, FL		
	e named entity submits this state e of Florida.	ment for the purpose of changing its registered office or registered agent, or bot
the Stat	e of Florida. [*] RE:	ment for the purpose of changing its registered office or registered agent, or botl
the Stat	e of Florida.	
n the Stat SIGNATU	e of Florida. [*] RE:	
the Stat IGNATU FFICER tle: ame: ddress:	e of Florida. RE: Electronic Signature of Re	egistered Agent Date
n the Stat SIGNATU DFFICER itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	e of Florida. RE: Electronic Signature of Ri S AND DIRECTORS: ED () Delete GONZALEZ, MARLON A 2646 N.W. 21 TERRACE	egistered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
n the Stat SIGNATU	e of Florida. RE: Electronic Signature of Rose S AND DIRECTORS: ED () Delete GONZALEZ, MARLON A 2646 N.W. 21 TERRACE MIAMI, FL 33142US US VD () Delete GONZOLEZ, RODOLFO 3900 SW 52 AVE	egistered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address:

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: MARLON A GONZALEZ DR 03/14/2007