

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003251

FILED
Jan 20, 2009
Secretary of State

Entity Name: ADORADORES UNIDOS INC.

Current Principal Place of Business:

PASEO DEL PRINCIPE
APT 107
PONCE, PR 00716

New Principal Place of Business:

Current Mailing Address:

P.O BOX 801289
COTO LAUREL, PR 00780

New Mailing Address:

FEI Number: 13-4204037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMENTANO, SILVANA T
20875 NW 3RD LANE
PEMBROKE PINES, FL 33029 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: D () Delete
Name: PEREZ, DANIEL J
Address: P.O. BOX 801289
City-St-Zip: COTO LAUREL, PR 00780

Title: D () Delete
Name: ARMENTANO, SILVANA T
Address: PO BOX 801289
City-St-Zip: COTO LAUREL, PR 00780

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ARMENTANO, RITA
Address: P.O. BOX 801289
City-St-Zip: COTO LAUREL, PR 00780

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: SILVANA ARMENTANO

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date