

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004036

Entity Name: UNIDOS POR LA VIDA, INC.

FILED
May 18, 2004
Secretary of State

Current Principal Place of Business:

1320 SW 1 TERR
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1320 SW 1 TERR
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 51-0435663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENGA, KERRY
1320 SW 1 TERR
POMPANO BEACH, FL 33060

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: PD () Delete
Name: TORRENGA, IRENE
Address: 1320 SW 1 TERR
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD () Delete
Name: TORRENGA, RENZO
Address: 1320 SW 1 TERR
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST () Delete
Name: GARCIA, LILIANA
Address: 4050 OPALOCKA BLVD
City-St-Zip: N MIAMI, FL 33168

Title: T () Delete
Name: ZUNIGA, PATRICIA
Address: 6251 SW 30TH ST
City-St-Zip: MIRAMAR, FL 33023

Title: RA () Delete
Name: TORRENGA, KERRY
Address: 1320 SW 1 TERR
City-St-Zip: POMPANO BEACH, FL 33060

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:

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: RENZO TORRENGA

VPD

05/18/2004

Electronic Signature of Signing Officer or Director

Date