
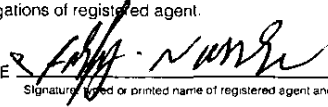
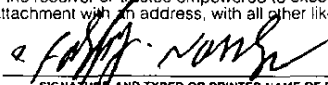


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90048 016 ****61.25

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # N05000000227 | | | |  | |
| 1. Entity Name UNIDOS EN RECUPERACION, INC. | | | | | |
| Principal Place of Business 5351 ADAIR OAK DR ORLANDO, FL 32829 US | | | Mailing Address PO BOX 780842 ORLANDO, FL 32829 US | | |
| 2. Principal Place of Business - No P.O. Box # 2336 Lyn Brook View Ct | | 3. Mailing Address PO Box 1587 | | | |
| Suite, Apt. #, etc. Apt 4 | | Suite, Apt. #, etc. | | | |
| City & State Orlando FL | | City & State Orlando FL | | 4. FEI Number 20-2123989 | |
| Zip 32822 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TORRES, WESLEY 506 S. MILLS AVENUE ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name: Farhang G Nasseri Street Address (P.O. Box Number is Not Acceptable): 2336 Lyn Brook View Ct Apt 4 City: Orlando FL Zip Code: 32822 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | Farhang G Nasseri | | 4/27/07 | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D VOLKERT, THOMAS E 4631 EAGLE PEAK DRIVE KISSIMMEE, FL 34746 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Farhang G Nasseri 2336 Lyn Brook View Ct Apt 4 Orlando FL 32822 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RODRIGUEZ, RAFAEL 2238 STRAWBERRY TREE LANE ORLANDO, FL 32828 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Ursula morales 900 Cannes D Kissimmee FL 34759 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TORRES, WESLEY 5351 ADAIR OAK DRIVE ORLANDO, FL 32829 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Richard Alvarez 6393 Hoffner Ave. Orlando FL 32822 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ARROYO, CECILIO J 8803 WYNDBROOK CT ODESSA, FL 33556 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 4/27/07 407-353-5453 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

40096435



04272007 Chg-NP CR2E037 (12/06)