

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000227

FILED
Jan 21, 2009
Secretary of State

Entity Name: UNIDOS EN RECUPERACION, INC.

Current Principal Place of Business:

8150 SUN VISTA WAY
ORLANDO, FL 32822 US

New Principal Place of Business:

8150 SUN VISTA WAY
ORLANDO, FL 32802 US

Current Mailing Address:

PO BOX 1587
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 20-2123989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, WANDA
8150 SUN VISTA WAY
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

PEREZ, MIRIAM L P
4412 CASTLE PALM ROAD
ORLANDO, FL 32803 US

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: MIRIAM L. PEREZ

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENDEZ, WANDA
Address: 8150 SUN VISTA WAY
City-St-Zip: ORLANDO, FL 32822 US

Title: D () Delete
Name: RUIZ, SONIA
Address: 2109 MORNING DR
City-St-Zip: ORLANDO, FL 32809 US

Title: D () Delete
Name: PEREZ, MYRIAM L
Address: 4412 CASTLE PALM RD
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, MIRIAM L P
Address: 4412 CASTLE PALM ROAD
City-St-Zip: ORLANDO, FL 32839 US

Title: D (X) Change () Addition
Name: MALDONADO, NELSON
Address: 3521 CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 32806 US

Title: D (X) Change () Addition
Name: ALVAREZ, RICHARD D
Address: 6393 HOFFNER AVENUE
City-St-Zip: ORLANDO, FL 32822

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: NELSON MALDONADO

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date