

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008648

FILED
Aug 28, 2007
Secretary of State

Entity Name: URABA CORP.

Current Principal Place of Business:

122 VIA MILAN TERRACE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

122 VIA MILAN TERRACE
DAVIE, FL 33325

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KILGORE, LILIANA
122 VIA MILAN TERRACE
DAVIE, FL 33325 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KILGORE, LILIANA
Address: 122 VIA MILAN TERRACE
City-St-Zip: DAVIE, FL 33325

Title: VP () Delete
Name: NERI, MANUEL
Address: 417 LAKEVIEW DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KILGORE, LILIANA
Address: 122 VIA MILAN TERRACE
City-St-Zip: DAVIE, FL 33325

Title: PRES (X) Change () Addition
Name: TODD, SAMUEL
Address: 4772 NW 60TH LN
City-St-Zip: CORAL SPRINGS, FL 33067

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: LILIANA KILGORE

VP

08/28/2007

Electronic Signature of Signing Officer or Director

Date