

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004879

FILED
May 01, 2007
Secretary of State

Entity Name: MANOS PERUANAS UNIDAS CORP

Current Principal Place of Business:

9725 NW 63 RD PLACE
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

9725 NW 63 RD PLACE
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 20-4901622 FEI Number Applied For () FEI Number Not Applicable () 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:

GALLO, EVA
9725 NW 63 RD PLACE
PARKLAND, FL 33076 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: GALLO, EVA
Address: 9725 NW 63RD PLACE
City-St-Zip: PARKLAND, FL 33076

Title: VP () Delete
Name: INFANTE, MARIA ELENA
Address: 5029 NW 106 WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TR () Delete
Name: MORON, PAOLA
Address: 9180 NW 17TH ST
City-St-Zip: PLANTATION, FL 33322

Title: S () Delete
Name: BARSALLO, LILIANA
Address: 22574 VISTAWOOD WAY #23
City-St-Zip: BOCA RATON, FL 33428

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:

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: EVA GALLO

PTE

05/01/2007

Electronic Signature of Signing Officer or Director

Date