

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004879

FILED  
May 15, 2008  
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: PD ( ) Delete  
Name: GALLO, EVA  
Address: 9725 NW 63RD PLACE  
City-St-Zip: PARKLAND, FL 33076

Title: D ( ) Delete  
Name: GALLO, JORGE  
Address: 9725 NW 63RD PLACE  
City-St-Zip: PARKLAND, FL 33076

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

Title: D ( ) Delete  
Name: BOCANEGRA, PILAR  
Address: 6895 NW 122ND AVE.  
City-St-Zip: PARKLAND, FL 33076

Title: D ( ) Delete  
Name: ROVIRA, LUIS  
Address: 12106 NW 46TH ST.  
City-St-Zip: CORAL SPRINGS, FL 33076

**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 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

P/D

05/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date