

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010434

Entity Name: LATINOAMERICA UNIDA, INC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

10431 NW 28 ST  
E 106  
DORAL, FL 331722170

## New Principal Place of Business:

14333 SW 62 ST  
MIAMI, FL 331831905 US

## Current Mailing Address:

PO BOX 441059  
MIAMI, FL 331441059

## New Mailing Address:

14333 SW 62ND ST  
MIAMI, FL 331831905 US

FEI Number: 20-5661573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MESAS, JOSE  
14333 SW 62ND ST  
MIAMI, FL 33183 US

## Name and Address of New Registered Agent:

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: MESAS, DAVID F  
Address: 14205 SW 62 ST  
City-St-Zip: MIAMI, FL 331831905

Title: T ( ) Delete  
Name: DIAZ, SANDRA  
Address: 6913 NW 77 AVE  
City-St-Zip: MIAMI, FL 33166

Title: S ( ) Delete  
Name: ESCOBAR, STELLA  
Address: 13949 SW 44 LN CR #A  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MESAS, JOSE  
Address: 14333 SW 62 ST  
City-St-Zip: MIAMI, FL 331831905

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DURAN, JULIA  
Address: 7865 SW 161 AVE  
City-St-Zip: MIAMI, FL 33193

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: JOSE MESAS

PSTD

04/30/2009

Electronic Signature of Signing Officer or Director

Date