

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001227

FILED
May 14, 2008
Secretary of State

Entity Name: UNETE PERU, INC.

Current Principal Place of Business:

C/O DONNA TRAVANO
18141 SW 84 AVE.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

C/O DONNA TRAVANO
18141 SW 84 AVE.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-8379521 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:

L. JERRY COHN, ESQ.
8333 W. MCNAB ROAD
SUITE 203
TAMARAC, FL 33321 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: TRAVANO, DONNA
Address: 18141 SW 84 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: DEL CORRAL, EDUARDO
Address: 5924 NW 39 STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: GLENNY, ELENA
Address: 1411 SW 102 AVENUE
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: MARTIN, JOSE
Address: 11805 SW 26TH STREET
City-St-Zip: MIAMI, FL 33175

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: DONNA TRAVANO

PRES

05/14/2008

Electronic Signature of Signing Officer or Director

Date