

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-29-2008 90092 039 ****70.00

03-19-2008 90028 039 ***158.75

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N07000004328			
1. Entity Name PARTIDO UNION NACIONAL INC.			
Principal Place of Business 902 NW 132 COURT MIAMI, FL 33182		Mailing Address 902 NW 132 COURT MIAMI, FL 33182	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip		Country	
6. Name and Address of Current Registered Agent COUTO, RAMON 902 NW 132 COURT MIAMI, FL 33182		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE _____ DATE _____ Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '08	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO COUTO, RAMON 902 NW 132 COURT MIAMI, FL 33182 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SO GONZALEZ GALLARRETA, JOSE L 9032 SW 78 PLACE MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD DE GUZMAN, JORGE 12813 SW 45 TERRACE MIAMI, FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Ramon Couto</u> DATE: <u>06/02/2008</u> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			