

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008311

FILED  
May 01, 2009  
Secretary of State

Entity Name: AGRUPACION NUEVA UNCION, INC.

**Current Principal Place of Business:**

2913 WEST FERN STREET  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

2913 WEST FERN STREET  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 26-3309430      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:**

CASTILLO, YEZENIA  
2913 WEST FERN STREET  
TAMPA, FL 33614      US

**Name and Address of New Registered Agent:**

CRUZ, RAFAEL  
2913 WEST FERN STREET  
TAMPA, FL 33614      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: RAFAEL CRUZ

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CRUZ, RAFAEL  
Address: 2913 WEST FERN STREET  
City-St-Zip: TAMPA, FL 33614

Title: VP      ( ) Delete  
Name: DIAZ, FLOR D  
Address: 2913 WEST FERN STREET  
City-St-Zip: TAMPA, FL 33614

Title: SEC      ( ) Delete  
Name: MONTIJO, RUBEN JR.  
Address: 9512 NORTH 11TH STREET  
City-St-Zip: TAMPA, FL 33612

Title: TREA      ( ) Delete  
Name: CORREA, ABRAHAM  
Address: 6258 OAK CLUSTER CIRCLE  
City-St-Zip: TAMPA, FL 33634

**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: RAFAEL CRUZ

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date