2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008427

Entity Name: UNITY COALITION/COALICION UNIDA, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1000 PONCE DE LEON BLVD 1000 PONCE DE LEON BLVD

201 313

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

1000 PONCE DE LEON BLVD
201
313
CODAL CARLES EL 33134

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

FEI Number: 26-3327254 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:

BRENESKY, SAUL

1000 PONCE DE LEON BLVD

1000 PONCE DE LEON BLVD
201
CORAL GABLES, FL 33134 US
1000 PONCE DE LEON BLVD
313
CORAL GABLES, FL 33134 US
CORAL GABLES, FL 33134 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: SAUL BRENESKY 05/01/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name: SOSA, HERIBERTO Name: SOSA, HERIBERTO
Address: 1000 PONCE DE LEON BLVD, 201 Address: 1000 PONCE DE LEON BLVD, 313

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete Title: TD (X) Change () Addition Name: ALFONSO, RACHEL Name: ALFONSO, RACHEL

Address: 1000 PONCE DE LEON BLVD. 201 Address: 1000 PONCE DE LEON BLVD. 313

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Name:BRENESKY, SAULName:BRENESKY, SAULAddress:1000 PONCE DE LEON BLVD, 201Address:1000 PONCE DE LEON BLVD, 313

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

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: SAUL BRENESKY D 05/01/2009