2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000010031

Entity Name: FAMILIAS UNIDAS, INC

Current Principal Place of Business:

2440 BOGGY CREEK RD.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

2440 BOGGY CREEK RD.
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 30-0514575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOZADA, ANA M
495 LAS CORTES LN.
#102
ORLANDO, FL 32824 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:	AYALA, MARIANO	
Address:	2516 CROWN RIDGE CIR	
City-St-Zip:	KISSIMMEE, FL 34744 US	
Title:	VP	( ) Delete
Name:	LOZADA, ANA M	
Address:	495 LAS CORTES LN. #102	
City-St-Zip:	ORLANDO, FL 32824 US	
Title:	TREA	( ) Delete
Name:	RODRIGUEZ, MARGARITA	
Address:	10615 LAXTON ST.	
City-St-Zip:	ORLANDO, FL 32824 US	
Title:	SEC	( ) Delete
Name:	AYALA, MARIA S	
Address:	2516 CROWN RIDGE CIR	
City-St-Zip:	KISSIMMEE, FL 34744 US	

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: ANA M. LOZADA VP 04/22/2009

Electronic Signature of Signing Officer or Director — Date