## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010502

FILED Jan 22, 2009 Secretary of State

Entity Name: UNIDAD DEMOCRATICA INTERAMERICANA INC. **Current Principal Place of Business: New Principal Place of Business:** 6925 NW 77 AVENUE MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** 6925 NW 77 AVENUE MIAMI, FL 33166 FEI Number: 26-3762486 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: VILLATE, JOSEPH VILLATE, JOSEPH 454 NW 22 AVENUE 454 NW 22 AVENUE 209 MIAMI, FL 33125 MIAMI, FL 33125 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: JOSEPH VILLATE 01/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LOPEZ, JUAN JOSE Name: Name: 6925 NW 77 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TORREZ, ROBERT Name: Address: 6925 NW 77 AVENUE Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BARREIRO, BRUNO Name: CARRANDI, ARNULFO Name: 6925 NW 77 AVENUE 6925 NW 77 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166 Title: () Delete Title: ( ) Change (X) Addition Name: Name: BARRIRO, BRUNO 6925 NW 77 AVENUE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33166

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: JUAN JOSE LOPEZ PD 01/22/2009