

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011281

FILED
Feb 17, 2009
Secretary of State

Entity Name: UNIDOS EN CRISTO AGAPE INC.

Current Principal Place of Business:

6513 W 3 CT.
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

6513 W 3 CT.
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 26-3883059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROENZA, OSVANY
6513 W 3 CT
HIALEAH, FL 33012 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: PROENZA, OSVANY
Address: 6513 W 3 CT.
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: CARDOZA, KEILA
Address: 3513 W 3 CT
City-St-Zip: HIALEAH, FL 33012

Title: TREA () Delete
Name: LAUFMAN, MARTHA
Address: 3513 W 3 CT
City-St-Zip: HIALEAH, FL 33012

Title: SEC () Delete
Name: CARDOZA, RISEL
Address: 3513 W 3 CT
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CARDOZA, KEILA
Address: 6513 W 3 CT
City-St-Zip: HIALEAH, FL 33012

Title: TREA (X) Change () Addition
Name: LAUFMAN, MARTHA
Address: 1435 NE 173 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SEC (X) Change () Addition
Name: CARDOZA, RISEL
Address: 6513 W 3 CT
City-St-Zip: HIALEAH, FL 33012

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: OSVANY PROENZA

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date