

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Mar 01, 2006**  
**Secretary of State**

DOCUMENT# N27989

**Entity Name:** SOCIEDAD LA UNION MARTI MACEO**Current Principal Place of Business:**1226 EAST 7TH AVENUE  
TAMPA, FL 33605**New Principal Place of Business:****Current Mailing Address:**PO BOX 76144  
TAMPA, FL 336756144**New Mailing Address:****FEI Number:** 59-0746735**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MONROE, HERMAN  
6601 ORANGEWOOD TERRACE  
TAMPA, FL 33610 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: PD ( ) Delete  
Name: SMITH, AARON  
Address: 6601 ORANGEWOOD TERRACE  
City-St-Zip: TAMPA, FL 33610

Title: VP ( ) Delete  
Name: CALLEJAS, LINDA M  
Address: 10922 NORTH BOULEVARD  
City-St-Zip: TAMPA, FL 33612

Title: TD ( ) Delete  
Name: BELLO, NINON  
Address: 2110 W. CLIFTON  
City-St-Zip: TAMPA, FL 33603

Title: VSD ( ) Delete  
Name: MACEO GOMEZ, REMEMBER  
Address: 14909 AIRE PLACE  
City-St-Zip: TAMPA, FL 33624

Title: SD ( ) Delete  
Name: BOUCOURT, JOSEPHINE  
Address: 1011 HACIENDA COURT  
City-St-Zip: TAMPA, FL 33605

**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:

Title: SD (X) Change ( ) Addition  
Name: HERMAN, MONROE  
Address: 6601 ORANGEWOOD TERRACE  
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA CALLEJAS

VP

03/01/2006

Electronic Signature of Signing Officer or Director

Date