


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N49927 1. Entity Name UNITY DE LAS AMERICAS, INC.	
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Principal Place of Business 454 N.W. 22 AVE MIAMI, FL 33125	Mailing Address 454 N.W. 22 AVE #102 MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0346802	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MANUEL
14253 SW 48 TERR
MIAMI, FL

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000075615 03/03/04-80067-011 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDP QUINOA, MANUEL 14810 SW 74 LN MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, MANUEL 14253 SW 48TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARRENO, JOSE 318 NW 24 AVE MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL QUINOA TDP 02/23/04 777-3611 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY/DATE PHONE #