

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90237 035 \*\*\*\*70.00

**DOCUMENT # N94000002546**

1. Entity Name

UNIDOS POR UN MANANA COLOMBIA INC.



Principal Place of Business

9390 NW 24 PLACE  
PEMBROKE PINES FL 33024

Mailing Address

2210 SW 67 TERRACE  
HOUSE  
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0508552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTANEDA, FABIO**  
**2210 S.W. 67TH TERRACE**  
**MIRAMAR FL 33023**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: BERNAL, NORA  
STREET ADDRESS: 9390 NW 24 PLACE  
CITY-ST-ZIP: PEMBROKE PINES FL 33024 ☐ Delete

TITLE: VD  
NAME: CASTANEDA, FABIO  
STREET ADDRESS: 2210 SW 67TH TERRACE  
CITY-ST-ZIP: MIRAMAR FL 33023 ☐ Delete

TITLE: SD  
NAME: CASTANEDA, CECILIA  
STREET ADDRESS: 2210 SW 67TH TERRACE  
CITY-ST-ZIP: MIRAMAR FL 33023 ☐ Delete

TITLE: TD  
NAME: ALVAREZ, ELISA  
STREET ADDRESS: 10325 NW 8TH ST.  
CITY-ST-ZIP: PEMBROKE PINES FL 33026 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P.D.  
NAME: ALVARO ZULUAGA  
STREET ADDRESS: 334 LAKEVIEW DR B-53 #102  
CITY-ST-ZIP: WESTON, FLA 33326 ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ALVAREZ ELISA  
STREET ADDRESS: 8345 SUNRISE LAKE BLVD. APT. 101  
CITY-ST-ZIP: SUNRISE, FLA, 33322 ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

*Fabio Castaneda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04

Date

9546820314

Daytime Phone #