

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002546

FILED
Feb 22, 2005
Secretary of State

Entity Name: UNIDOS POR UN MANANA COLOMBIA INC.

Current Principal Place of Business:

9390 NW 24 PLACE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

2210 SW 67 TERRACE
HOUSE
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 65-0508552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTANEDA, FABIO
2210 S.W. 67TH TERRACE
MIRAMAR, FL 33023 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: ZULUAGA, ALVARO
Address: 334 LAKEVIEW DR B-53 #102
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: CASTANEDA, FABIO
Address: 2210 SW 67TH TERRACE
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: CASTANEDA, CECILIA
Address: 2210 SW 67TH TERRACE
City-St-Zip: MIRAMAR, FL 33023

Title: TD () Delete
Name: ALVAREZ, ELISA
Address: 8345 SUNRISE LAKES BLVD APT 101
City-St-Zip: SUNRISE, FL 33322

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FABIO CASTANEDA

VD

02/22/2005

Electronic Signature of Signing Officer or Director

_____ Date