

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90211 008 \*\*\*\*70.00

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<b>DOCUMENT # N94000002546</b> 1. Entity Name <b>UNIDOS POR UN MANANA COLOMBIA INC.</b>			
Principal Place of Business <b>9390 NW 24 PLACE PEMBROKE PINES, FL 33024</b>		Mailing Address <b>2210 SW 67 TERRACE HOUSE MIRAMAR, FL 33023</b>	
2. Principal Place of Business <b>8422 NW 59 CT.</b>		3. Mailing Address <b>8422 NW 59 CT.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>TAMARAC, FL</b>		City & State <b>TAMARAC, FL</b>	
Zip <b>33321</b>		Zip <b>33321</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0508552</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CASTANEDA, FABIO 2210 S.W. 67TH TERRACE MIRAMAR, FL 33023</b>		7. Name and Address of New Registered Agent Name <b>NORA E. BERNAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>8422 NW 59 CT.</b> City <b>TAMARAC</b> FL Zip Code <b>33321</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZULUAGA, ALVARO 334 LAKEVIEW DR B-53 #102 WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORA E. BERNAL 8422 NW 59 CT. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTANEDA, FABIO 2210 SW 67TH TERRACE MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EUGENIO BERNAL 8422 NW 59 CT. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASTANEDA, CECILIA 2210 SW 67TH TERRACE MIRAMAR, FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EUGENIO BERNAL 8422 NW 59 CT. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, ELISA 8345 SUNRISE LAKES BLVD APT 101 SUNRISE, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EUGENIO BERNAL 8422 NW 59 CT. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> <u>Nora Bernal</u> <b>NORA BERNAL</b> 4/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			