


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90017 010 ****70.00

| | | | | | |
|--|-------------------|--|--|--|---|
| DOCUMENT # N94000002546 1. Entity Name UNIDOS POR UN MANANA COLOMBIA INC. | | | |  | |
| Principal Place of Business 8422 NW 59CT TAMARAC, FL 33321 | | | Mailing Address 8422 NW 59CT HOUSE TAMARAC, FL 33321 HOUSE TAMARAC, FL 33321 FORT LAUDERDALE, FL 33321 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0508552 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BERNAL, NORA E 8422 NW 59 CT TAMARAC, FL 33321 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNAL, NORA E | | NAME | BERNAL, NORA E | |
| STREET ADDRESS | 8422 NW 59 CT | | STREET ADDRESS | 8422 NW 59 CT | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNAL, EUGENIO | | NAME | BERNAL, EUGENIO | |
| STREET ADDRESS | 8422 NW 59 CT | | STREET ADDRESS | 8422 NW 59 CT | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNAL, EUGENIO B | | NAME | BERNAL, LAURA | |
| STREET ADDRESS | 8422 NW 59CT | | STREET ADDRESS | 8422 NW 59 CT | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNAL, EUGENIO | | NAME | EUGENIO BERNAL | |
| STREET ADDRESS | 8422 NW 59 CT | | STREET ADDRESS | 8422 NW 59 CT | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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, 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 an office like empowered. | | | | | |
| SIGNATURE: <i>Nora Bernal</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-27-08 9547210114 <small>Date Daytime Phone #</small> | | |