

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002250

FILED
Jan 03, 2006
Secretary of State

Entity Name: UNION POSITIVA, INC.

Current Principal Place of Business:

1901 SW 1ST ST.
THRID FLOOR
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

1901 SW 1ST ST.
THRID FLOOR
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 65-0743421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUNOZ, DORALBA ED
1901 SW 1ST ST.
THIRD FLOOR
MIAMI, FL 33135 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: TD () Delete
Name: MOSQUERA, LUIS D
Address: 1372 S. VENETIAN WAY
City-St-Zip: MIAMI, FL 33139

Title: SD () Delete
Name: HERRERA, MARIA
Address: 11445 SW 74TH STREET
City-St-Zip: MIAMI, FL 33173

Title: PD () Delete
Name: MYERS, JOHN
Address: 555 NE 15TH STREET, SUITE 100
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: FAILLACE, NAYFE
Address: 16821 SOUTHWEST 87 COURT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: RODRIQUEZ, ALBERTO
Address: 2121 N BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FAILLACE, NAYFE
Address: 16821 SOUTHWEST 87 COURT
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MUNOZ, DORALBA
Address: 3650 NW 19 TERRACE
City-St-Zip: MIAMI, FL 33125

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 Chapter 119, 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: DORALBA MUNOZ

D

01/03/2006

Electronic Signature of Signing Officer or Director

Date