

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007103

FILED  
Apr 20, 2008  
Secretary of State

Entity Name: UNIDAD CIVICA PERUANA, INC.

## Current Principal Place of Business:

251 N 65TH WAY  
HOLLYWOOD, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 245263  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORALES, LUIS M  
251 N 65 WAY  
HOLLYWOOD, FL 33024 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: MORALES, LUIS  
Address: 251 N 65 WAY  
City-St-Zip: HOLLYWOOD, FL 33024

Title: VD ( ) Delete  
Name: CARDENAS, JOSE  
Address: 4625 S.W. 112 PLACE  
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete  
Name: VELASQUEZ, ADELIA P  
Address: 251 N 65 WAY  
City-St-Zip: HOLLYWOOD, FL 33024

Title: T ( ) Delete  
Name: SOSA, LUIS  
Address: 251 N 65 WAY  
City-St-Zip: HOLLYWOOD, FL 33024

## 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 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: LUIS M. MORALES

PD

04/20/2008

Electronic Signature of Signing Officer or Director

Date