

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020508

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** SOMOS UNO, INC.

**Current Principal Place of Business:**

2681 SHILOH WAY  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

P.O. BOX 15945  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

2681 SHILOH WAY  
TALLAHASSEE, FL 32308

**New Mailing Address:**

P.O. BOX 15945  
TALLAHASSEE, FL 32317

**FEI Number:** 59-3712709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORENO, ANDRES  
2681 SHILOH WAY  
TALLAHASSEE, FL 32308 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MORENO, ANDRES  
Address: 2681 SHILOH WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MORENO, ANDRES  
Address: P.O BOX 15945  
City-St-Zip: TALLAHASSEE, FL 32317 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRES MORENO

PRES

04/30/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date