

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037485

FILED
Apr 26, 2009
Secretary of State

Entity Name: LA PALABRA UNGIDA CORP.

Current Principal Place of Business:

517 SW 87 PL.
MIAMI, FL 33174

New Principal Place of Business:

517 SW 87 PL.
MIAMI, FL 33174 US

Current Mailing Address:

517 SW 87 PL.
MIAMI, FL 33174

New Mailing Address:

517 SW 87 PL.
MIAMI, FL 33174 US

FEI Number: 65-0953758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, DYHALMA
517 SW 87 PL
MIAMI, FL 33174 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: PD () Delete
Name: GARCIA, DYHALMA
Address: 517 SW 87 PLACE
City-St-Zip: MIAMI, FL 33174

Title: SVD () Delete
Name: CALIXTO, DIANA
Address: 12948 S.W. 143 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: SVD () Delete
Name: CALIXTO, LUIS
Address: 12948 S.W. 143 TERRACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARCIA, DYHALMA
Address: 517 SW 87 PLACE
City-St-Zip: MIAMI, FL 33174 US

Title: SVD (X) Change () Addition
Name: CALIXTO, DIANA
Address: 12948 S.W. 143 TERRACE
City-St-Zip: MIAMI, FL 33186 US

Title: SVD (X) Change () Addition
Name: CALIXTO, LUIS
Address: 12948 S.W. 143 TERRACE
City-St-Zip: MIAMI, FL 33186 US

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

SIGNATURE: DYHALMA GARCIA

DIR

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date