

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000114971

1. Entity Name
UNIT M-7 TERRA CORP.



Principal Place of Business
901 PONCE DE LEON BOULEVARD
SUITE 603
CORAL GABLES, FL 33134

Mailing Address
901 PONCE DE LEON BOULEVARD
SUITE 603
CORAL GABLES, FL 33134

FILED
Apr 30, 2008 08:00 AM
Secretary of State



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1498378

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BOULEVARD
SUITE 603
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000935099

05/23/08-80059-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME AULAR, ROSA M
STREET ADDRESS C/O 901 PONCE DE LEON BLVD. #603
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa M. Aular

April 10, 2008 305-444-1741

Date

Daytime Phone #